STANDARDS OF CARE

SUBSTANCE ABUSE RESIDENTIAL

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SERVICE INTRODUCTION

HIV substance abuse residential services provided under contract with the Los Angeles County Office of AIDS Programs and Policy can include:

- Substance abuse residential rehabilitation
- Substance abuse transitional housing

All programs will utilize available standards of care to inform their services and will operate in accordance with legal and ethical standards. The importance of maintaining confidentiality is of critical importance and cannot be overstated. All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards and California State law regarding confidentiality for information disclosure.

The goal of HIV substance abuse residential services for people living with HIV is to assist clients to achieve and maintain a lifestyle free of substance abuse and to transition to permanent, stable housing.

Several themes reoccur throughout this Standard:

- It is critical to understand the interplay between stable housing, medical care, and substance abuse and HIV risk reduction and prevention activities

- Clients need supportive services in order to be successful in housing programs

- Substance abuse residential services will respect the inherent dignity of clients and will be client-centered, aiming to foster client self-determination.

- The development of practical life skills, improved personal functioning, effective coping with life problems, and improved social functioning, self-esteem, confidence and insight are important components of substance abuse treatment and critical for clients to transition to stable housing

- Staff must be appropriately trained, licensed or certified in order to provide appropriate services

- Harm reduction should be considered as an alternative or additional modality, though this modality is not addressed specifically in this document

The Los Angeles County Commission on HIV and Office of AIDS Programs and Policy have developed this Standard of Care in order to set minimum quality

expectations for service provision and to guarantee clients consistent care, regardless of where they receive services in the county. A draft of this Standard will be reviewed by an expert panel, consisting of leading providers and administrators in the field, as well as actual consumers of the service. A final draft of this Standard will be presented to the Commission on HIV for adoption after a 3-week open Public Comment period.

This draft represents a synthesis of a significant number of published Standards and research. The key source documents included:

- *Substance Abuse Services – Transitional Housing Contract Exhibit,* Office of AIDS Programs and Policy
- *Substance Abuse Services – Residential Rehabilitation Exhibit,* Office of AIDS Programs and Policy
- *Mercer Report and Rate Study,* Office of AIDS Programs and Policy, 2004
- *HIV/AIDS and Substance Use Standards of Care,* Los Angeles County Commission on HIV Health Services, 2002
- *Treatment Improvement Protocol #37 – Substance Abuse Treatment for Persons living with HIV and AIDS,* Substance Abuse and Mental Health Administration, 2000
- Standards of Care developed by several other Ryan White Title 1 Planning Councils. Most valuable in the drafting of this Standard were Portland, 2005; Orlando, 2002; and San Antonio 2005

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

Licensure Categories

- **Substance Abuse Residential Rehabilitation**
  - High-Level Intensity Program
  - Medium-Level Intensity Program
  - Low-Level Intensity Program

- **Substance Abuse Transitional Housing** – non-licensed service

DEFINITIONS AND DESCRIPTIONS

Detoxification is the process through which a person's withdrawal syndrome is managed as the body rids itself of noxious or intoxicating substance and their effects

Homeless individuals are persons living with HIV who lack a fixed, regular and adequate residence, lack the financial resources to acquire shelter, or reside in a shelter, institution the provides temporary residence or public or private place not designed or ordinarily used as a regular sleeping accommodation.

Transitional Housing is interim housing for homeless persons living with HIV. The purpose of this service is to facilitate movement towards more traditional and permanent housing through assessment of need, counseling and case management.

Treatment Facility is a building or group of buildings where 24-hour, residential, non-medical services are provided to individuals recovering from problems related to alcohol and/or drug abuse and in need of alcohol and/or drug abuse treatment or detoxification.

HOW SERVICE RELATES TO HIV

There are currently over 20,000 people known to be living with AIDS in Los Angeles County. It is estimated that over 54,000 are infected with HIV. Los Angeles County comprises 35% of the total AIDS cases in the state of California (Los Angeles Co, 2005).

In recent nationally representative study sample of people receiving HIV medical care, 8-12% of participants were classified as current heavy drinkers, 13% were other drug dependent and 26% were current, non-dependent users of drugs (not including marijuana)(Bing et al., 2001; Galvan et al., 2002; Klinkenberg & Sacks, 2004).

It can be overwhelming for a substance-abusing person living with HIV to gain access to a formalized system of care (Lidz et al., 1992). Many people with substance abuse problems have multiple, chronic problems that require the coordination of services beyond substance abuse treatment alone (Bokos et al., 1992). Multiple problems such as poor health, lack of housing, and a transient lifestyle can also impair a substance abusing person from seeking treatment (Cox et al., 1993).

Substance abuse is correlated with risky sex among men living with HIV (Kalichman, 1999). More severe drug abuse is associated with greater sexual risk taking (Morrill et al., 2001). Drug use may also be associated with suppressed immune functioning (Millstein, 1992).

People living with HIV who are also injection drug users appear less likely to access antiretroviral medications than others (Anderson, et al., 2000). Current substance use, both licit and illicit, inhibits adherence to HIV medications (Golin et al, 2002; Chesney et al., 2000). People living with HIV who report using alcohol and other drugs as a coping strategy have been found to be significantly less adherent than those without substance use problems (Power, et al., 2003). Alcohol use has been associated with poor medication adherence in HIV positive individuals (Uldall, et al., 2004).

Studies have found a reduction in sexual risk behavior among people who stopped their substance use after substance abuse treatment (Abbott et al., 1998, Stall et al., 1999). Lucas et al. (2001) and Moatti et al. (2000) found that people living with HIV who switched from active substance use to non-use improved their adherence. Methadone maintenance treatment has been linked to better adherence to highly active antiretroviral treatment (Clarke et al., 2003).

SERVICE COMPONENTS

Despite countless prevention messages, the use of alcohol and other drugs has exacerbated the HIV/AIDS pandemic. Substance abuse treatment across all modalities can play a vital role in helping users/abusers reduce risk-taking behavior, and thus helping to reduce the incidence of HIV/AIDS.

It is critical that collaborative networks of integrated systems of care are readily available to substance use/abuse treatment facilities. These systems must incorporate medical care, mental health, psychosocial case management, dental care, and legal services -- areas that substance users tend to neglect prior to seeking help for drug use. Programs must continually work toward removing barriers to care that have been created unknowingly. All services must to be respectful of ethnic, cultural and economic identities, along with a clear understanding of sexual orientation and lifestyle. Substance abusers have long been severely marginalized throughout the HIV/AIDS pandemic. As such, programs must meet the substance user where s/he is, not where services start. All HIV substance abuse residential services will be culturally and linguistically appropriate to the target population (see PROGRAM REQUIREMENTS AND GUIDELINES). In addition, HIV substance abuse residential services will respect inherent dignity of clients and will be client-centered, aiming to foster client self-determination.

HIV substance abuse residential services will be offered to medically indigent (uninsured or unable to get insurance), chemically dependant persons living in Los Angeles County. HIV substance abuse residential services provided under contract with the Los Angeles County Office of AIDS Programs and Policy can include:

- Substance abuse residential rehabilitation
- Substance abuse transitional housing

STANDARD	MEASURE
HIV substance abuse residential services will respect inherent dignity of clients and will be client-centered, aiming to foster client self-determination	Supervision and program review to confirm

SUBSTANCE ABUSE RESIDENTIAL REHABILITATION

Substance abuse residential rehabilitation services provide 24 hour, residential non-medical services to individuals recovering from problems related to alcohol and/or other drug abuse and who need alcohol and/or other drug abuse treatment or detoxification services.

Based on assessment of client need using the American Society of Addiction Medicine Patient Placement Criteria, a client may move from one intensity level of service to another. The length of stay in substance abuse residential rehabilitation is dependent upon the intensity level of the program offered:

- High-level intensity program – Length of stay will not exceed eight weeks
- Medium-level intensity program – Length of stay will not exceed 12 weeks
- Low-level intensity program -- Length of stay will not exceed 16 weeks

In all cases, extensions can be made as long as the client meets continuing stay criteria in accordance with the American Society of Addiction Medicine Patient placement criteria. Clients may move to higher or lower levels of residential treatment, to outpatient treatment services or to aftercare depending on individual need.

Services will emphasize the intersection between HIV and substance abuse, with special focus given to the psychosocial aspects of living with HIV and HIV prevention. Whenever possible, clients should be provided gender and/or sexual identity-specific services or be referred to appropriate providers who provide such services.

Programs providing substance abuse residential rehabilitation services must be licensed by the Department of Alcohol and Drug Programs as a Residential Alcoholism or Drug Abuse Treatment Facility and will operate in accordance with Chapter 5, Division 4, Title 9 of the California Code of Regulations, procedures adopted by the Office of AIDS Programs and Policy, and consistent with state and local laws and regulations.

STANDARD	MEASURE
Substance abuse residential rehabilitation services provide 24 hour, residential non-medical services to individuals in recovery	Program policy and procedure manual and schedule to verify
The length of stay is as follows: • High level intensity – not to exceed eight weeks • Medium level intensity – not to exceed 12 weeks • Low level intensity – not to exceed 16 weeks Clients can move to higher or lower	Client file to confirm. Extensions can be made if client meets ASAM criteria

levels depending on need	
Services will emphasize the intersection between HIV and substance abuse	Policies and procedures and program review to confirm
Clients should be provided gender and/or sexual identity-specific services or be referred, whenever possible	Policies and procedures and program review to confirm. Linked referrals on file in client chart
Programs will be licensed by the Department of Alcohol and Drug Programs as a Residential Alcoholism or Drug Abuse Treatment Facility and will comply with Chapter 5, Division 4, Title 9 of the California Code of Regulations and procedures adopted by the OAPP and consistent with state and local laws and regulations.	Licenses and program policy and procedure manual on file at provider agency. Program monitoring to verify

Intake – Substance Abuse Residential Rehabilitation

Client intake is required for all patients who request or are referred to HIV substance abuse residential rehabilitation services. The intake determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation. When possible, client intake will be completed in the first contact with the potential client. In addition, client intake for treatment education services will include a medical history complete with CD4 count and viral load measurements, when available. If CD4 and viral load measurements are not available at intake, staff will attempt to produce them within 30 days by searching the County's HIV data management system, communication with the client's medical provider or linking client to HIV primary medical care. (See Exhibit 1 in LINKAGES AND TOOLS for a sample Intake form.)

In the intake process and throughout HIV substance abuse residential rehabilitation service delivery, **client confidentiality** will be strictly maintained and enforced. All programs will follow HIPAA guidelines and regulations for confidentiality. As needed, **Release of Information** forms will be gathered. These forms detail the specific person/s or agencies to or from whom information will be released as well as the specific kind of information to be released. New forms must be added for individuals not listed on the most current Release of Information. (Specification should indicate the type of information that can be released.)

> **Required Forms:** Programs must develop the following forms in accordance with state and local guidelines. Completed forms are required for each client:

- Release of Information (must be updated annually). New forms must be added for those individuals not listed on the existing Release of Information. (Specification should be made about what type of information can be released.)
- Limits of Confidentiality
- Consent to Receive Services (See Exhibit 2 in LINKAGES AND TOOLS for a sample Consent form.)
- Client Rights and Responsibilities
- Client Grievance Procedures

Additionally, the client's file must include the following documentation for eligibility:

- Proof of HIV diagnosis
- Proof of income
- Proof of residence in Los Angeles County

STANDARD	MEASURE
Intake process is begun during first contact with client	Intake tool is completed and in client file
Eligibility for services is determined	Client's file includes: • Proof of HIV diagnosis • Proof of income • Proof of Los Angeles County residence
Confidentiality policy and Release of Information is discussed and completed	Release of Information signed and dated by client on file and updated annually
Consent for Services completed	Signed and dated Consent in client file
Client is informed of Rights and Responsibility and Grievance Procedures	Signed and dated forms in client file
Intake for substance abuse residential rehabilitation services will include medical history complete with CD4 count and viral load measurements	Signed, dated intake including this information on file in client chart
If CD4 and viral load measurements are not available, staff have 30 days to produce them	Client chart to detail efforts including: • Searching County database • Communication with current medical provider • Linking client to HIV primary care

Assessment – Substance Abuse Residential Rehabilitation

Clients must be assessed and their eligibility determined before being accepted into substance abuse residential rehabilitation services

High Level Intensity Programs

- **Eligibility** – Persons eligible for substance abuse residential rehabilitation must have a Diagnostic and Statistical manual of Mental Disorders (DSM-IV TR) diagnosis of substance abuse or substance dependence and meet the following criteria:

    - Withdrawal potential – Client is at minimal risk for severe withdrawal
    - Biomedical conditions – No biomedical conditions or stable; client is receiving concurrent medical monitoring for any medical conditions
    - Emotional/behavioral conditions – Client demonstrates repeated inability to control impulses and requires structure to shape behavior
    - Treatment acceptance/resistance – Client demonstrates marked difficulty with or opposition to treatment with dangerous consequences if not engaged in treatment
    - Relapse potential – There is a high likelihood of relapse without the close monitoring and support
    - Recovery environment – Client is currently in an environment dangerous for recovery and lacks skill to cope outside a highly structured 24-hour setting

- **Assessment** – Clients will be assessed in order to obtain information required to recommend the most appropriate course of treatment. The assessment process should include the use of the Addiction Severity Index as a functional assessment and the American Society of Addiction Medicine Patient Placement Criteria as a level of care assessment. Assessments will include (at minimum):

    - Archival data including prior arrests and contacts with the criminal justice system, previous assessments, treatment records
    - Patterns of drug and alcohol use
    - Impact of drug and alcohol abuse on major life areas such as relationships, family, employment and self-concept
    - Risk factors for continued drug and alcohol abuse, including family history of drug and alcohol abuse and social problems
    - HIV risk behaviors and factors
    - Current medical condition and relevant history, including emergency needs (for HIV positive clients, specific information related to HIV medical care will also be gathered)
    - PPD and/or chest x-ray as required by Los Angeles County guidelines
    - History of sexually transmitted diseases

- Current HIV medications and possible illicit drug interactions
- Mental health history and psychological testing (when available)
- Educational and vocational background
- Housing status
- Legal issues, including domestic violence and child welfare issues
- Suicide, health, or other crisis risk assessments
- Abilities, aptitudes, skills and interests
- Client motivation and readiness for treatment
- Client attitudes and behavior during assessment

Clients will sign an HIPAA compliant release of information form in order for the program to coordinate with the client's medical provider to obtain information including, medical history, results of physical examinations and result of lab tests. Those clients without medical care providers will be referred to a medical provider as soon as possible. Seeking and complying with medical care will be a treatment plan priority for those clients without a medical provider.

If the eligibility and assessment processes determine that the program cannot meet the needs of the client, a referral to an alternate provider must be made.

STANDARD	MEASURE
All clients will be assessed to determine if they meet eligibility criteria for substance abuse residential rehabilitation: • DSM-IV TR diagnosis of ***substance abuse or*** substance dependence • Minimal withdrawal potential • No biomedical conditions or stable • Repeated inability to control impulses – requires structure to shape behavior • Marked difficulty with or opposition to treatment – dangerous consequences if not engaged • High likelihood of relapse necessitating monitoring and structure • Client's current environment is dangerous for recovery – lacks skills to cope outside 24 hour setting	Signed, dated assessment in client chart to verify
All clients will be assessed to determine their level of need, utilizing	Signed, dated assessment in client chart to verify

the Addiction Severity Index covering the following: • Archival data • Patterns of drug and alcohol use • Impact of drug and alcohol abuse on major life areas • Risk factors for continued drug and alcohol abuse • Current medical condition and relevant history • Mental health history and psychological testing • Educational and vocational background • Suicide, health, or other crisis risk assessments The following other assessment information will also be gathered (at minimum): • HIV risk behaviors and factors • PPD and/or chest x-ray • History of sexually transmitted diseases • Current HIV medications and interactions • Housing status • Legal issues • Abilities, aptitudes, skills and interests • Client motivation and readiness for treatment • Client attitudes and behavior	
Programs will coordinate with client's medical provider or refer clients to medical care providers as soon as possible. Medical care is treatment priority.	Progress notes to verify. HIPAA compliant release of information form on file in client chart
If program cannot meet the needs of the client, a referral to an alternate provider must be made.	Referrals on file in client chart for those clients whose needs cannot be addressed by program

Medium Level Intensity Programs

- **Eligibility** – Persons eligible for substance abuse residential rehabilitation must have a Diagnostic and Statistical manual of Mental Disorders (DSM-IV TR) diagnosis of substance abuse or substance dependence and meet the following criteria:

    - Withdrawal potential – Client is at no risk for severe withdrawal
    - Biomedical conditions – No biomedical conditions or stable; client is receiving concurrent medical monitoring for any medical conditions
    - Emotional/behavioral conditions – Client demonstrates mild or moderate severity and requires structure to allow focus on recovery
    - Treatment acceptance/resistance – Client demonstrates little awareness and needs interventions to engage and stay In treatment
    - Relapse potential – There is a likelihood of relapse without close monitoring and support
    - Recovery environment – Client is currently in an environment dangerous for recovery and lacks skill to cope outside a highly structured 24-hour setting

- **Assessment** – Clients will be assessed in order to obtain information required to recommend the most appropriate course of treatment. The assessment process should include the use of the Addiction Severity Index as a functional assessment. Assessments will include (at minimum):

    - Archival data including prior arrests and contacts with the criminal justice system, previous assessments, treatment records
    - Patterns of drug and alcohol use
    - Impact of drug and alcohol abuse on major life areas such as relationships, family, employment and self-concept
    - Risk factors for continued drug and alcohol abuse, including family history of drug and alcohol abuse and social problems
    - HIV risk behaviors and factors
    - Current medical condition and relevant history, including emergency needs (for HIV positive clients, specific information related to HIV medical care will also be gathered)
    - PPD and/or chest x-ray as required by Los Angeles County guidelines
    - History of sexually transmitted diseases
    - Current HIV medications and possible illicit drug interactions
    - Mental health history and psychological testing (when available)
    - Educational and vocational background
    - Housing status
    - Legal issues, including domestic violence and child welfare issues
    - Suicide, health, or other crisis risk assessments
    - Abilities, aptitudes, skills and interests
    - Client motivation and readiness for treatment

- Client attitudes and behavior during assessment

Clients will sign an HIPAA compliant release of information form in order for the program to coordinate with the client's medical provider to obtain information including, medical history, results of physical examinations and result of lab tests. Those clients without medical care providers will be referred to a medical provider as soon as possible. Seeking and complying with medical care will be a treatment plan priority for those clients without a medical provider.

If the eligibility and assessment processes determine that the program cannot meet the needs of the client, a referral to an alternate provider must be made.

STANDARD	MEASURE
All clients will be assessed to determine if they meet eligibility criteria for substance abuse residential rehabilitation: • DSM-IV TR diagnosis of ***substance abuse or*** substance dependence • No risk for severe withdrawal • No biomedical conditions or stable • Mild or moderate emotional/behavioral conditions – requires structure to focus on recovery • Little awareness of need for treatment – needs intervention to engage and stay in treatment • Likelihood of relapse without close monitoring and support • Client's current environment is dangerous for recovery – lacks skill to cope outside structured 24 hour environment	Signed, dated assessment in client chart to verify
All clients will be assessed to determine their level of need, utilizing the Addiction Severity Index covering the following: • Archival data • Patterns of drug and alcohol use • Impact of drug and alcohol abuse on major life areas • Risk factors for continued drug and alcohol abuse	Signed, dated assessment in client chart to verify

• Current medical condition and relevant history • Mental health history and psychological testing • Educational and vocational background • Suicide, health, or other crisis risk assessments The following other assessment information will also be gathered (at minimum): • HIV risk behaviors and factors • PPD and/or chest x-ray • History of sexually transmitted diseases • Current HIV medications and interactions • Housing status • Legal issues • Abilities, aptitudes, skills and interests • Client motivation and readiness for treatment • Client attitudes and behavior	
Programs will coordinate with client's medical provider or refer clients to medical care providers as soon as possible. Medical care is treatment priority.	Progress notes to verify. HIPAA compliant release of information form on file in client chart
If program cannot meet the needs of the client, a referral to an alternate provider must be made.	Referrals on file in client chart for those clients whose needs cannot be addressed by program

Low Level Intensity Programs

- **Eligibility** – Persons eligible for substance abuse residential rehabilitation must have a Diagnostic and Statistical manual of Mental Disorders (DSM-IV TR) diagnosis of substance abuse or substance dependence and meet the following criteria:

    - Withdrawal potential – Client is at no risk for withdrawal
    - Biomedical conditions – No biomedical conditions or stable; client is receiving concurrent medical monitoring for any medical conditions

- Emotional/behavioral conditions – Client demonstrates none or minimal, such conditions are not distracting to recovery
- Treatment acceptance/resistance – Client demonstrates openness to recovery, but needs structured environment to maintain therapeutic gains
- Relapse potential – There is a likelihood of relapse without close monitoring and support
- Recovery environment – Client is currently in an environment dangerous for recovery but recovery is achievable if structure is available

- **Assessment** – Clients will be assessed in order to obtain information required to recommend the most appropriate course of treatment. The assessment process should include the use of the Addiction Severity Index as a functional assessment. Assessments will include (at minimum):

  - Archival data including prior arrests and contacts with the criminal justice system, previous assessments, treatment records
  - Patterns of drug and alcohol use
  - Impact of drug and alcohol abuse on major life areas such as relationships, family, employment and self-concept
  - Risk factors for continued drug and alcohol abuse, including family history of drug and alcohol abuse and social problems
  - HIV risk behaviors and factors
  - Current medical condition and relevant history, including emergency needs (for HIV positive clients, specific information related to HIV medical care will also be gathered)
  - PPD and/or chest x-ray as required by Los Angeles County guidelines
  - History of sexually transmitted diseases
  - Current HIV medications and possible illicit drug interactions
  - Mental health history and psychological testing (when available)
  - Educational and vocational background
  - Housing status
  - Legal issues, including domestic violence and child welfare issues
  - Suicide, health, or other crisis risk assessments
  - Abilities, aptitudes, skills and interests
  - Client motivation and readiness for treatment
  - Client attitudes and behavior during assessment

  Clients will sign an HIPAA compliant release of information form in order for the program to coordinate with the client's medical provider to obtain information including, medical history, results of physical examinations and result of lab tests. Those clients without medical care providers will be referred to a medical provider as soon as possible. Seeking and

complying with medical care will be a treatment plan priority for those clients without a medical provider.

If the eligibility and assessment processes determine that the program cannot meet the needs of the client, a referral to an alternate provider **must be made.**

STANDARD	MEASURE
All clients will be assessed to determine if they meet eligibility criteria for substance abuse residential rehabilitation: • DSM-IV TR diagnosis of ***substance abuse or*** substance dependence • No risk for withdrawal potential • No biomedical conditions or stable • Mild emotional/behavioral conditions – not distracting to recovery • Openness to recovery, but needs structured environment to maintain treatment gains • Likelihood of relapse without close monitoring and support • Client's current environment is dangerous for recovery – but recovery is possible with structure	Signed, dated assessment in client chart to verify
All clients will be assessed to determine their level of need, utilizing the Addiction Severity Index covering the following: • Archival data • Patterns of drug and alcohol use • Impact of drug and alcohol abuse on major life areas • Risk factors for continued drug and alcohol abuse • Current medical condition and relevant history • Mental health history and psychological testing • Educational and vocational background • Suicide, health, or other crisis risk	Signed, dated assessment in client chart to verify

assessments The following other assessment information will also be gathered (at minimum): • HIV risk behaviors and factors • PPD and/or chest x-ray • History of sexually transmitted diseases • Current HIV medications and interactions • Housing status • Legal issues • Abilities, aptitudes, skills and interests • Client motivation and readiness for treatment • Client attitudes and behavior	
Programs will coordinate with client's medical provider or refer clients to medical care providers as soon as possible. Medical care is treatment priority.	Progress notes to verify. HIPAA compliant release of information form on file in client chart
If program cannot meet the needs of the client, a referral to an alternate provider must be made.	Referrals on file in client chart for those clients whose needs cannot be addressed by program

Treatment Plan – Substance Abuse Residential Rehabilitation

A collaborative treatment plan will be developed for all clients based on the information gathered in the initial assessment. The treatment plan serves as the framework for the type and duration of services provided during the client's participation in the program and should include a plan review and re-evaluation schedule. Treatment plans will address necessary gender and/or sexual identity-specific services based on individual client need. Such services will be provided either on site, or by linked referral. The treatment plan will also include referrals to HIV medical care, case management and other supportive services.

<u>High Level Intensity Programs</u>

An **interim treatment** plan, which identifies the client's immediate needs must be developed within three days of the date of admission. Clients must also sign an admission agreement authorizing treatment within three days of program admission.

A **comprehensive treatment** plan which includes long and short term goals for continuing treatment will be developed collaboratively within 10 days of admission. At minimum, treatment plans will:

- Contain goals and objectives that reflect problem areas that have been identified in the assessment and that are broken down into manageable, measurable units with completion dates

- Identify activities or tasks the client must complete in order to attain the stated recovery goal and be action-oriented, reflecting the client's changing needs

- Be reviewed and re-evaluated as the client's needs change or phases of treatment are completed, but no less than 28 days after initial development and every 30 days thereafter, or more often as the client completes each phase of treatment

- Be signed and dated by the counselor and client each time the treatment plan is developed, reviewed or re-evaluated

Program staff will regularly observe each client for changes in physical, mental, emotional and social functioning. If, during the course of treatment, needs are revealed which require a change in the existing level of service referral to another service provider will be made.

STANDARD	MEASURE
Interim treatment plans identifying immediate needs must be developed within three days of the date of admission.	Signed, dated interim treatment plan on file in client chart
Clients will sign admission agreement within three days of program admission	Signed, dated admission agreement on file in client chart
Comprehensive treatment plans, including long and short term will be developed collaboratively within 10 days of admission. Treatment plans will be re-evaluated no less than 28 days after initial development and every 30 days thereafter (or whenever client's needs change). Treatment plans will include (at minimum): • Goals and objectives reflecting problem areas identified in the assessment, broken down into manageable, measurable units with completion dates	Signed, dated treatment plans and re-evaluations on file in client chart

• Activities or tasks the client must complete. Tasks will be action-oriented, reflecting the client's changing needs	
Program staff will observe clients for changes in physical, mental, emotional and social functioning. If newly revealed needs which require a change in service referral to another service provider will be made.	Signed, dated progress notes in client chart to confirm

Medium Level Intensity Programs

An **interim treatment** plan, which identifies the client's immediate needs must be developed within three days of the date of admission. Clients must also sign an admission agreement authorizing treatment within three days of program admission.

A **comprehensive treatment** plan which includes long and short term goals for continuing treatment will be developed collaboratively within 14 days of admission. At minimum, treatment plans will:

- Contain goals and objectives that reflect problem areas that have been identified in the assessment and that are broken down into manageable, measurable units with completion dates
- Identify activities or tasks the client must complete in order to attain the stated recovery goal and be action-oriented, reflecting the client's changing needs
- Be reviewed and re-evaluated as the client's needs change or phases of treatment are completed, but no less than 28 days after initial development and every 60 days thereafter, or more often as the client completes each phase of treatment
- Be signed and dated by the counselor and client each time the treatment plan is developed, reviewed or re-evaluated

STANDARD	MEASURE
Interim treatment plans identifying immediate needs must be developed within three days of the date of admission.	Signed, dated interim treatment plan on file in client chart
Clients will sign admission agreement within three days of program admission	Signed, dated admission agreement on file in client chart

Comprehensive treatment plans, including long and short term will be developed collaboratively within 14 days of admission. Treatment plans will be re-evaluated no less than 28 days after initial development and every 60 days thereafter (or whenever client's needs change). Treatment plans will include (at minimum): • Goals and objectives reflecting problem areas identified in the assessment, broken down into manageable, measurable units with completion dates • Activities or tasks the client must complete. Tasks will be action-oriented, reflecting the client's changing needs	Signed, dated treatment plans and re-evaluations on file in client chart
Program staff will observe clients for changes in physical, mental, emotional and social functioning. If newly revealed needs which require a change in service, referral to another service provider will be made.	Signed, dated progress notes in client chart to confirm

Low Level Intensity Programs

An **interim treatment** plan, which identifies the client's immediate needs must be developed within three days of the date of admission. Clients must also sign an admission agreement authorizing treatment within three days of program admission.

A **comprehensive treatment** plan which includes long and short term goals for continuing treatment will be developed collaboratively within 20 days of admission. At minimum, treatment plans will:

- Contain goals and objectives that reflect problem areas that have been identified in the assessment and that are broken down into manageable, measurable units with completion dates

- Identify activities or tasks the client must complete in order to attain the stated recovery goal and be action-oriented, reflecting the client's changing needs

- Be reviewed and re-evaluated as the client's needs change or phases of treatment are completed, but no less than 28 days after initial development and every 60 days thereafter, or more often as the client completes each phase of treatment

- Be signed and dated by the counselor and client each time the treatment plan is developed, reviewed or re-evaluated

STANDARD	MEASURE
Interim treatment plans identifying immediate needs must be developed within three days of the date of admission.	Signed, dated interim treatment plan on file in client chart
Clients will sign admission agreement within three days of program admission	Signed, dated admission agreement on file in client chart
Comprehensive treatment plans, including long and short term will be developed collaboratively within 20 days of admission. Treatment plans will be re-evaluated no less than 28 days after initial development and every 60 days thereafter (or whenever client's needs change). Treatment plans will include (at minimum): • Goals and objectives reflecting problem areas identified in the assessment, broken down into manageable, measurable units with completion dates • Activities or tasks the client must complete. Tasks will be action-oriented, reflecting the client's changing needs	Signed, dated treatment plans and re-evaluations on file in client chart
Program staff will observe clients for changes in physical, mental, emotional and social functioning. If newly revealed needs which require a change in service referral to another service provider will be made.	Signed, dated progress notes in client chart to confirm

Services – Substance Abuse Residential Rehabilitation

Substance abuse residential services will emphasize the intersection between HIV and substance abuse, with special focus given to the psychosocial aspects of living with HIV and HIV prevention. Whenever possible, clients should be

provided gender and/or sexual identity-specific services or be referred to appropriate providers who provide such services. Programs will strive to actively engage clients in treatment that emphasizes:

- Interventions, activities and service elements designed to alleviate or preclude alcohol and/or other drug problems, as well as relapse prevention, in the individual, their family and/or community

- The goals of physical health, and well-being and practical life skills (including the ability to be self-supporting, improved personal functioning and effective coping with life problems). Special emphasis will be given to HIV information and care

- Social functioning (including improved relationships with partners, peers and family; socially acceptable ethics; and enhanced communication and interpersonal skills)

- Improving the individual's self-image, esteem, confidence, insight, understanding and awareness

- Additional life skills (including communication, finance management, job training, hygiene, leisure activities, homemaking and HIV parenting skills including permanency planning and other HIV custodial care issues), stress management, relaxation and anger management and physical fitness)

Each program, regardless of intensity must provide services including counseling sessions as reflected in the client's treatment plan. In addition to general service requirements, the following requirements exist for each level of intensity of residential rehabilitation services:

<u>High Level Intensity Programs</u>

- A minimum of 80 hours of services per week must be provided
- A minimum of seven 90-minute group sessions per week must be provided. These groups will consist of group therapy or group process sessions facilitated or supervised by a licensed master's level mental health clinician (at minimum)
- A minimum of seven educational sessions per week are provided
- A minimum of one 50-minute individual session per week must be provided

<u>Medium Level Intensity Programs</u>

- A minimum of 40 hours of services per week must be provided

- A minimum of five 90-minute group sessions per week must be provided. These groups will consist of group therapy or group process sessions facilitated or supervised by a licensed master's level mental health clinician (at minimum)
- A minimum of seven educational sessions per week are provided
- A minimum of one 50-minute individual session per week must be provided

Low Level Intensity Programs

- A minimum of 20 hours of services per week must be provided
- A minimum of one 90-minute group sessions per week must be provided. These groups will consist of group therapy or group process sessions facilitated or supervised by a licensed master's level mental health clinician (at minimum)
- A minimum of two educational sessions per week including a discharge planning group and transition group
- A minimum of one 50-minute individual session per week must be provided

STANDARD	MEASURE
Programs will provide services that emphasize: • Interventions, activities and service elements designed to alleviate or preclude alcohol and/or other drug problems, as well as relapse prevention • The goals of physical health and well-being and practical life skills with special emphasis on HIV information and care • Social functioning • Improving the individual's self-esteem and insight • Additional life skills	Program policy and procedure manual, schedule and program monitoring to verify
Services will emphasize the intersection between HIV and substance abuse	Policies and procedures and program review to confirm
Clients should be provided gender and/or sexual identity-specific services or be referred, whenever possible	Policies and procedures and program review to confirm. Linked referrals on file in client chart
High level intensity programs will provide the following per week: • A minimum of 80 hours of services	Program policy and procedure manual, schedule and program monitoring to verify

• A minimum of seven group sessions • A minimum of seven educational sessions • A minimum of one 50-minute individual session	
Medium level intensity programs will provide the following per week: • A minimum of 40 hours of services • A minimum of five group sessions • A minimum of seven educational sessions • A minimum of one 50-minute individual session	Program policy and procedure manual, schedule and program monitoring to verify
Low level intensity programs will provide the following per week: • A minimum of 20 hours of services • A minimum of one group session • A minimum of two educational sessions including a discharge planning group and transition group • A minimum of one 50-minute individual session	Program policy and procedure manual, schedule and program monitoring to verify

Support Services – Substance Abuse Residential Rehabilitation

Programs providing all levels of intensity of residential rehabilitation services will provide or coordinate the following services (at minimum):

- Provision and oversight of personal and supportive services (assistance with activities of daily living and instrumental activities of daily living)
- Health-related services (medical care, medication management, adherence, etc.)
- HIV transmission risk assessment and prevention counseling
- Social services
- Recreational activities
- Meals
- Housekeeping and laundry
- Transportation
- Housing

STANDARD	MEASURE
Programs will provide or coordinate the following (at minimum):	Program policy and procedures to confirm. Record of services and

• Personal and supportive services • Health-related services • HIV transmission risk assessment and prevention counseling • Social services • Recreational activities • Meals • Housekeeping and laundry • Transportation • Housing	referrals on file in client chart

Education – Substance Abuse Residential Rehabilitation

Programs will provide education to clients and their families on an ongoing basis to include (but not be limited to):

- HIV 101
- HIV prevention
- HIV risk reduction practices
- Harm reduction
- Addiction education, including IV drug use
- Licit and illicit drug interactions, including HIV medications
- Medical complications of substance use
- Hepatitis and other sexually transmitted diseases
- Medication adherence and nutrition
- Important health and self-care practices
- Developing a healthy sexual life, covering topics such as stigma, safer sex, disclosure and issues of domestic violence and sexual abuse
- Referral agencies supportive to people living with HIV (especially HIV support groups, 12 step meetings and 12 step alternatives)

STANDARD	MEASURE
Programs provide education to clients and their families on an ongoing basis including (at minimum): • HIV 101 • HIV prevention • HIV risk reduction practices • Harm reduction • Addiction education, including IV drug use • Licit and illicit drug interactions, including HIV medications • Medical complications of substance	Signed, dated progress notes to detail education provided on file in client chart

use • Hepatitis and other sexually transmitted diseases • Medication adherence and nutrition • Health and self-care practices • Developing a healthy sex life • Referrals	

Referral – Substance Abuse Residential Rehabilitation

Programs providing all levels of intensity of substance abuse residential rehabilitation services will demonstrate active collaboration other agencies to provide referral to the full spectrum of HIV-related services. Formal relationships with mental health providers are especially important for assistance in crisis management or psychiatric emergencies.

Programs must maintain a comprehensive list of target providers (both internal and external), including, but not limited to HIV LA, for the full spectrum of HIV-related services. Programs will refer and link clients to services consistent with their needs and supportive of their rehabilitation. During the first 30 days of residential rehabilitation, all new clients must be escorted to and physically linked with referral sources, except in cases that such escorting would jeopardize a client's confidentiality. Program staff, volunteers and/or peers may serve as escorts. Programs will maintain and ensure clients' confidentiality throughout the referral and linkage process and will refer clients to appropriate gender and sexual identity-specific services when indicated. Referrals and linkages will include (but not be limited to):

- medical care
- mental health treatment
- case management
- treatment advocacy
- peer support
- vocational training
- education
- legal services
- treatment education
- dental treatment

Programs will make available to clients information about public health, social services and where to apply for state, federal and/or county entitlement programs.

STANDARD	MEASURE

Programs will demonstrate active collaboration with providers of full spectrum of HIV-related services; especially important are active linkages to mental health providers	Memoranda of Understanding on file at provider agency
Programs must maintain a list of target providers to full spectrum of HIV-related services	Referral list on file at provider agency
Programs will refer and link clients to services including (but not limited to): • medical care • mental health treatment • case management • treatment advocacy • peer support • vocational training • education • legal services • treatment education • dental treatment	Signed, dated progress notes on file in client chart to detail referrals and linkages
During the first 30 days of residential rehabilitation, all new clients must be escorted to and physically linked with referral sources, except in cases that such escorting would jeopardize a client's confidentiality.	Policies and procedures to outline and program review to confirm. Progress notes on file in client chart to detail
Programs will maintain and ensure clients' confidentiality throughout the referral and linkage	Program policies and procedures to outline. Program review to confirm.
Programs will refer clients to appropriate gender and sexual identity-specific services when indicated.	Program policy and procedures and program review to confirm. Referrals and linkages on file in client charts
Programs will provide clients with public health and social service entitlement program information	Signed, dated progress notes on file in client chart to detail

Discharge Planning – Substance Abuse Residential Rehabilitation

Staff will collaborate with clients who have successfully completed residential rehabilitation to develop a written aftercare plan that includes substance abuse treatment recommendations of various modalities and approaches, as well as referrals to appropriate services. Clients will be given a copy of the aftercare plan. Clients will be encouraged to contact the program at any time. Programs will develop mechanisms to ensure that they maintain contact with their clients post discharge.

Aftercare services provide a safety net for clients who are new to recovery while rebuilding their lives and living with HIV. Ideally, transitional or aftercare services should be provided by a program counselor involved with the client's discharge planning and prior treatment. Services are in the form of individual or group counseling and range from three to 12 months depending on client need. Sessions can address such issues as:

- Substance abuse and HIV/AIDS information
- Relapse prevention
- Personal budgeting
- Program sponsor work
- Re-establishing support groups
- Exploring and supporting sexual identification and behavior
- Maintaining sobriety
- Medication adherence

STANDARD	MEASURE
Program staff will collaboratively develop written aftercare plan with clients to have completed treatment	Signed, dated aftercare plan on file in client chart. Client has received copy of same
Programs will maintain contact with clients post discharge	Signed, dated progress notes on file in client chart to record attempts to maintain contact
Aftercare services can include individual and/or group counseling and ideally provided by a counselor familiar with the client	Signed, dated progress notes on file in client chart to record aftercare services

Program Records – Substance Abuse Residential Rehabilitation

Client records shall include (but not be limited to):

- Intake information consisting of personal, family, education, drug of choice, criminal and medical history (including current physical, urinalysis and HIV status)
- Client identification data
- Diagnostic studies and tests (when appropriate)
- Treatment plan which includes problem list, short and long-term goals, and action steps generated by staff and client
- Assignment of a primary counselor and notification of change of counselor when indicated
- Description of type and frequency of services including counseling and support services provided

- Record of client interviews
- Progress notes corresponding to treatment plan that include:
    - Date, time and length of contact
    - Type of contact (i.e., group, crisis, phone call, etc.)
    - Relevant information from contact
    - Necessary action requested
    - Name, title and signature of staff member making entry
- Referrals and linkages
- Discharge/transfer summary
- Aftercare plan

STANDARD	MEASURE
Client records shall include (but not be limited to): • Intake information • Client identification data • Diagnostic studies and tests • Treatment plan • Assignment of a primary counselor and changes when indicated • Record of physician contact at least every 48 hours • Description of type and frequency of services provided • Record of client interviews • Progress notes corresponding to treatment • Referrals and linkages • Discharge/transfer summary • Aftercare plan	Client chart audit to verify

SUBSTANCE ABUSE TRANSITIONAL HOUSING

Substance abuse transitional housing services provide interim housing with supportive services for up to four months for recently homeless persons living with HIV in various stages of recovery from substance abuse. The purpose of the service is to facilitate continued recovery from substance abuse and movement toward more traditional, permanent housing through assessment of the individual's needs, counseling and case management.

For licensed programs operating an adult residential facility, a community care facility, a transitional housing facility, or a congregate living facility which offers substance abuse transitional housing, general program requirements are established in standards describing the licensed service.

For substance abuse transitional housing services that are not licensed, requirements include:

- Each program will maintain and have on file a current, written, definitive plan of operation including:
    - Admission policies and procedures
    - A copy of the admission agreement
    - Staffing plan, including qualifications and duties and plan for in-service education
- Each program will assist with transportation arrangements for clients who do not have independent arrangements
- Each program will provide ample opportunities for family participation in activities in the facility
- Programs that intend to admit and/or specialize in care for clients who have a propensity for behaviors that result in harm to self or others will include in their plan of operation a description of precautions that will be taken to protect these and all other clients

In addition to the above, programs providing substance abuse transitional housing will operate according to any procedures adopted by the Office of AIDS Programs and Policy, and consistent with state and local laws and regulations.

Services will emphasize the intersection between HIV and substance abuse, with special focus given to the psychosocial aspects of living with HIV and HIV prevention. Whenever possible, clients should be provided gender and/or sexual identity-specific services or be referred to appropriate providers who provide such services. The residential component of each substance abuse transitional housing program will include (but not be limited to):

- Providing lodging in a facility that is clean, safe, comfortable and alcohol and drug free
- Making available facilities for residents to prepare, have delivered or be referred for three balanced and complete meals per day and two snacks (referrals to missions or soup kitchens are not acceptable).
- Providing a living environment with adequate heating and lighting, plumbing, hot and cold water, access to bottled or filtered water, toiletries, laundry services or facilities, and bathing facilities.
- Providing an individual bed linens

STANDARD	MEASURE
Substance abuse transitional housing services provide interim housing with supportive services for up to four months for recently homeless persons living with HIV in various stages of recovery from substance abuse	Policy and procedure manual on file at provider agency to verify. Program monitoring to confirm
Licensed programs will operate according to their designated program standards	Licenses on file at provider agency. Program monitoring to confirm compliance
Unlicensed programs require: • Plan of operation including: admission policies and procedures; a copy of the admission agreement; and staffing plan • Transportation arrangements for clients who do not have independent arrangements • Opportunities for family participation in activities in the facility • Description of precautions that will be taken to protect clients with harmful behaviors from themselves and all other clients	Plan of operation on file at provider agency Program monitoring will confirm transportation capabilities or referrals Policy and procedure manual will describe plan for family involvement. Program monitoring to confirm Policy and procedure manual to detail precautions for handling clients with harmful behaviors
Services will emphasize the intersection between HIV and substance abuse	Policies and procedures and program review to confirm
Clients should be provided gender and/or sexual identity-specific services or be referred, whenever possible	Policies and procedures and program review to confirm. Linked referrals on file in client chart
Programs will provide (but not be limited to): • Lodging in a clean, safe, comfortable drug and alcohol free facility • Facilities for residents to prepare, have delivered or be referred for at least three balanced and complete meals and two snacks per day • A living environment with adequate heating and lighting, plumbing, toiletries, laundry services, bathing facilities and access to bottled or filtered water • An individual bed and linens	Policy and procedure manual to detail. Site inspection and program monitoring to confirm.

Intake – Substance Abuse Transitional Housing

Client intake is required for all patients who request or are referred to substance abuse transitional housing services. The intake determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation. When possible, client intake will be completed in the first contact with the potential client. In addition, client intake for treatment education services will include a medical history complete with CD4 count and viral load measurements, when available. If CD4 and viral load measurements are not available at intake, staff will attempt to produce them within 30 days by searching the County's HIV data management system, communication with the client's medical provider or linking client to HIV primary medical care. (See Exhibit 1 in LINKAGES AND TOOLS for a sample Intake form.)

In the intake process and throughout HIV treatment education service delivery, **client confidentiality** will be strictly maintained and enforced. All programs will follow HIPAA guidelines and regulations for confidentiality. As needed, **Release of Information** forms will be gathered. These forms detail the specific person/s or agencies to or from whom information will be released as well as the specific kind of information to be released. New forms must be added for individuals not listed on the most current Release of Information. (Specification should indicate the type of information that can be released.)

Required Forms: Programs must develop the following forms in accordance with state and local guidelines. Completed forms are required for each client:

- Release of Information (must be updated annually). New forms must be added for those individuals not listed on the existing Release of Information. (Specification should be made about what type of information can be released.)
- Limits of Confidentiality
- Consent to Receive Services (See Exhibit 2 in LINKAGES AND TOOLS for a sample Consent form.)
- Client Rights and Responsibilities
- Client Grievance Procedures

Additionally, the client's file must include the following documentation for eligibility:

- Proof of HIV diagnosis
- Proof of income
- Proof of residence in Los Angeles County

STANDARD	MEASURE
Intake process is begun during first contact with client	Intake tool is completed and in client file
Eligibility for services is determined	Client's file includes: • Proof of HIV diagnosis • Proof of income • Proof of Los Angeles County residence
Confidentiality policy and Release of Information is discussed and completed	Release of Information signed and dated by client on file and updated annually
Consent for Services completed	Signed and dated Consent in client file
Client is informed of Rights and Responsibility and Grievance Procedures	Signed and dated forms in client file
Intake for treatment education services will include medical history complete with CD4 count and viral load measurements	Signed, dated intake including this information on file in client chart
If CD4 and viral load measurements are not available, staff have 30 days to produce them	Client chart to detail efforts including: • Searching County database • Communication with current medical provider • Linking client to HIV primary care

Assessment – Substance Abuse Transitional Housing

Clients must be assessed and their eligibility determined before being accepted into substance abuse transitional housing services

- **Eligibility** – Persons eligible for substance abuse transitional housing services must have a Diagnostic and Statistical Manual of Mental Disorders (DSM-IV TR) diagnosis of substance abuse or substance dependence or have recently completed (within six weeks) a substance abuse treatment program. The person must be in need of interim housing service.

- **Assessment** – Clients will be assessed in order to obtain information required to recommend the most appropriate course of treatment. The assessment process should include the use of the Addiction Severity Index as a functional assessment. Assessments will include (at minimum):

- Archival data including prior arrests and contacts with the criminal justice system, previous assessments, treatment records
- Patterns of drug and alcohol use
- Impact of drug and alcohol abuse on major life areas such as relationships, family, employment and self-concept
- Risk factors for continued drug and alcohol abuse, including family history of drug and alcohol abuse and social problems
- HIV risk behaviors and factors
- Current medical condition and relevant history, including emergency needs (for HIV positive clients, specific information related to HIV medical care will also be gathered)
- PPD and/or chest x-ray as required by Los Angeles County guidelines
- History of sexually transmitted diseases
- Current HIV medications and possible illicit drug interactions
- Mental health history and psychological testing (when available)
- Educational and vocational background
- Housing status
- Legal issues, including domestic violence and child welfare issues
- Suicide, health, or other crisis risk assessments
- Abilities, aptitudes, skills and interests
- Client motivation and readiness for treatment
- Client attitudes and behavior during assessment

Clients will sign an HIPAA compliant release of information form in order for the program to coordinate with the client's medical provider to obtain information including, medical history, results of physical examinations and result of lab tests. Those clients without medical care providers will be referred to a medical provider as soon as possible. Seeking and complying with medical care will be a treatment plan priority for those clients without a medical provider.

If the eligibility and assessment processes determine that the program cannot meet the needs of the client, a referral to an alternate provider must be made.

STANDARD	MEASURE
All clients will be assessed to determine if they meet eligibility criteria for substance abuse transitional housing: • DSM-IV TR diagnosis of substance abuse or substance dependence or have recently completed (within six weeks) a substance abuse treatment program • Must be in need of interim housing	Signed, dated assessment in client chart to verify

service.	
All clients will be assessed to determine their level of need, utilizing the Addiction Severity Index covering the following: • Archival data • Patterns of drug and alcohol use • Impact of drug and alcohol abuse on major life areas • Risk factors for continued drug and alcohol abuse • Current medical condition and relevant history • Mental health history and psychological testing • Educational and vocational background • Suicide, health, or other crisis risk assessments The following other assessment information will also be gathered (at minimum): • HIV risk behaviors and factors • PPD and/or chest x-ray • History of sexually transmitted diseases • Current HIV medications and interactions • Housing status • Legal issues • Abilities, aptitudes, skills and interests • Client motivation and readiness for treatment • Client attitudes and behavior	Signed, dated assessment in client chart to verify
Programs will coordinate with client's medical provider or refer clients to medical care providers as soon as possible. Medical care is treatment priority.	Progress notes to verify. HIPAA compliant release of information form on file in client chart
If program cannot meet the needs of the client, a referral to an alternate provider must be made.	Referrals on file in client chart for those clients whose needs cannot be addressed by program

Treatment Plan – Substance Abuse Transitional Housing

A collaborative treatment plan will be developed for all clients based on the information gathered in the initial assessment. The treatment plan serves as the framework for the type and duration of services provided during the client's participation in the program and should include a plan review and re-evaluation schedule. Treatment plans will address necessary gender and/or sexual identity-specific services based on individual client need. Such services will be provided either on site, or by linked referral.

An **interim treatment** plan, which identifies the client's immediate needs must be developed within three days of the date of admission. Clients must also sign an admission agreement authorizing treatment within three days of program admission.

A **comprehensive treatment** plan which includes long and short term goals for continuing treatment will be developed collaboratively within 14 days of admission. At minimum, treatment plans will:

- Contain goals and objectives that reflect problem areas that have been identified in the assessment and that are broken down into manageable, measurable units with completion dates
- Identify activities or tasks the client must complete in order to attain the stated recovery goal and be action-oriented, reflecting the client's changing needs
- Document mechanisms to offer or refer clients with HIV/AIDS to primary medical services and case management services
- Be reviewed and re-evaluated as the client's needs change or phases of treatment are completed, but no less than 28 days after initial development and every 90 days thereafter, or more often as the client completes each phase of treatment
- Be signed and dated by the counselor and client each time the treatment plan is developed, reviewed or re-evaluated

STANDARD	MEASURE
Interim treatment plans identifying immediate needs must be developed within three days of the date of admission.	Signed, dated interim treatment plan on file in client chart
Clients will sign admission agreement within three days of program admission	Signed, dated admission agreement on file in client chart

Comprehensive treatment plans, including long and short term will be developed collaboratively within 14 days of admission. Treatment plans will be re-evaluated no less than 28 days after initial development and every 90 days thereafter (or whenever client's needs change). Treatment plans will include (at minimum): • Goals and objectives reflecting problem areas identified in the assessment, broken down into manageable, measurable units with completion dates • Activities or tasks the client must complete. Tasks will be action-oriented, reflecting the client's changing needs	Signed, dated treatment plans and re-evaluations on file in client chart
Program staff will observe clients for changes in physical, mental, emotional and social functioning. If newly revealed needs which require a change in service referral to another service provider will be made.	Signed, dated progress notes in client chart to confirm

Services – Substance Abuse Transitional Housing

Substance abuse transitional housing services will emphasize the intersection between HIV and substance abuse, with special focus given to the psychosocial aspects of living with HIV and HIV prevention. Whenever possible, clients should be provided gender and/or sexual identity-specific services or be referred to appropriate providers who provide such services. Programs will strive to actively engage clients in treatment that emphasizes:

- Interventions, activities and service elements designed to alleviate or preclude alcohol and/or other drug problems, as well as relapse prevention, in the individual, their family and/or community

- The goals of physical health, and well-being and practical life skills (including the ability to be self-supporting, improved personal functioning and effective coping with life problems). Special emphasis will be given to HIV information and care.

- Social functioning (including improved relationships with partners, peers and family; socially acceptable ethics; and enhanced communication and interpersonal skills)

- Improving the individual's self-image, esteem, confidence, insight, understanding and awareness

- Additional life skills (including communication, finance management, job training, hygiene, leisure activities, homemaking and HIV parenting skills including permanency planning and other HIV custodial care issues), stress management, relaxation and anger management and physical fitness)

Each transitional housing program must provide services including counseling sessions as reflected in the client's treatment plan. Service requirements include (but are not limited to):

- A minimum of one educational or transition groups per week must be provided
- A minimum of one 50-minute individual session per week must be provided
- A minimum of one HIV education group per month must be provided

In addition, clients living in substance abuse transitional housing are required to go to a daily substance abuse related meeting off site per day. Those clients who are not working or in school will be encouraged to participate in more programs and structured activities.

STANDARD	MEASURE
Programs will provide services that emphasize: • Interventions, activities and service elements designed to alleviate or preclude alcohol and/or other drug problems, as well as relapse prevention • The goals of physical health and well-being and practical life skills with special emphasis on HIV information and care • Social functioning • Improving the individual's self-esteem and insight • Additional life skills	Program policy and procedure manual, schedule and program monitoring to verify
Services will emphasize the intersection between HIV and	Policies and procedures and program review to confirm

substance abuse	
Clients should be provided gender and/or sexual identity-specific services or be referred, whenever possible	Policies and procedures and program review to confirm. Linked referrals on file in client chart
Programs will provide the following per week: • A minimum of one education/transition group • A minimum of one 50-minute individual session In addition, clients will be required to attend an off site substance abuse group daily as well as one HIV education group session per month	Program policy and procedure manual, schedule and program monitoring to verify

Support Services – Substance Abuse Transitional Housing

Programs providing all levels of intensity of residential rehabilitation services will provide or coordinate the following services (at minimum):

- Provision and oversight of personal and supportive services (assistance with activities of daily living and instrumental activities of daily living)
- Health-related services (medical care, medication management, adherence, etc.)
- HIV transmission risk assessment and prevention counseling
- Social services
- Recreational activities
- Meals
- Housekeeping and laundry
- Transportation
- Housing

STANDARD	MEASURE
Programs will provide or coordinate the following (at minimum): • Personal and supportive services • Health-related services • HIV transmission risk assessment and prevention counseling • Social services • Recreational activities • Meals • Housekeeping and laundry	Program policy and procedures to confirm. Record of services and referrals on file in client chart

• Transportation • Housing	

Education – Substance Abuse Transitional Housing

Programs will provide education to clients and their families on an ongoing basis to include (but not be limited to):

- HIV 101
- HIV prevention
- HIV risk reduction practices
- Harm reduction
- Addiction education, including IV drug use
- Licit and illicit drug interactions, including HIV medications
- Medical complications of substance use
- Hepatitis and other sexually transmitted diseases
- Medication adherence and nutrition
- Important health and self-care practices
- Developing a healthy sexual life, covering topics such as stigma, safer sex, disclosure and issues of domestic violence and sexual abuse
- Referral agencies supportive to people living with HIV (especially HIV support groups, 12 step meetings and 12 step alternatives)

STANDARD	MEASURE
Programs provide education to clients and their families on an ongoing basis including (at minimum): • HIV 101 • HIV prevention • HIV risk reduction practices • Harm reduction • Addiction education, including IV drug use • Licit and illicit drug interactions, including HIV medications • Medical complications of substance use • Hepatitis and other sexually transmitted diseases • Medication adherence and nutrition • Health and self-care practices • Developing a healthy sex life • Referrals	Signed, dated progress notes to detail education provided on file in client chart

Referral – Substance Abuse Transitional Housing

Programs providing all levels of intensity of substance abuse residential rehabilitation services will demonstrate active collaboration with other agencies to provide referral to the full spectrum of HIV-related services. Formal relationships with mental health providers are especially important for assistance in crisis management or psychiatric emergencies.

Programs must maintain a comprehensive list of target providers (both internal and external), including, but not limited to HIV LA, for the full spectrum of HIV-related services. Programs will refer and link clients to services consistent with their needs and supportive of their rehabilitation. Programs must develop a mechanism to determine if referrals have been successful. Programs will maintain and ensure clients' confidentiality throughout the referral and linkage process and will refer clients to appropriate gender and sexual identity-specific services when indicated. Referrals and linkages will include (but not be limited to):

- medical care
- mental health treatment
- case management
- treatment advocacy
- peer support
- vocational training
- education
- legal services
- treatment education
- dental treatment

Programs will make available to clients information about public health, social services and where to apply for state, federal and/or county entitlement programs.

STANDARD	MEASURE
Programs will demonstrate active collaboration with providers of full spectrum of HIV-related services; especially important are active linkages to mental health providers	Memoranda of Understanding on file at provider agency
Programs must maintain a list of target providers to full spectrum of HIV-related services	Referral list on file at provider agency
Programs will refer and link clients to services including (but not limited to): • medical care	Signed, dated progress notes on file in client chart to detail referrals and linkages

• mental health treatment • case management • treatment advocacy • peer support • vocational training • education • legal services • treatment education • dental treatment	
Programs must develop a mechanism to determine if referrals have been successful	Referral follow-up plan on file at provider agency. Progress notes on file in client chart to detail
Programs will maintain and ensure clients' confidentiality throughout the referral and linkage	Program policies and procedures to outline. Program review to confirm.
Programs will refer clients to appropriate gender and sexual identity-specific services when indicated.	Program policy and procedures and program review to confirm. Referrals and linkages on file in client charts
Programs will provide clients with public health and social service entitlement program information	Signed, dated progress notes on file in client chart to detail

Discharge Planning – Substance Abuse Transitional Housing

Staff will collaborate with clients who have successfully completed a substance abuse transitional housing program to develop a written aftercare plan that includes substance abuse treatment recommendations of various modalities and approaches, as well as referrals to appropriate services. Clients will be given a copy of the aftercare plan. Clients will be encouraged to contact the program at any time. Programs will develop mechanisms to ensure that they maintain contact with their clients post discharge.

Aftercare services provide a safety net for clients who are new to recovery while rebuilding their lives and living with HIV. Ideally, transitional or aftercare services should be provided by a program counselor involved with the client's discharge planning and prior treatment. Services are in the form of individual or group counseling and range from three to 12 months depending on client need. Sessions can address such issues as:

- Substance abuse and HIV/AIDS information
- Relapse prevention
- Personal budgeting
- Program sponsor work
- Re-establishing support groups

- Exploring and supporting sexual identification and behavior
- Maintaining sobriety
- Medication adherence

STANDARD	MEASURE
Program staff will collaboratively develop written aftercare plan with clients to have completed treatment	Signed, dated aftercare plan on file in client chart. Client has received copy of same
Programs will maintain contact with clients post discharge	Signed, dated progress notes on file in client chart to record attempts to maintain contact
Aftercare services can include individual and/or group counseling and ideally provided by a counselor familiar with the client	Signed, dated progress notes on file in client chart to record aftercare services

Program Records – Substance Abuse Transitional Housing

Programs will maintain adequate records on each resident in sufficient detail to permit service evaluation. Client records shall include (but not be limited to):

- Documentation of resident's HIV diagnosis
- Housing status prior to admission
- TB clearance
- Signed written agreement of terms and conditions of residency and tenant's rights
- Resident data including dates of admission and discharge, and emergency notification information
- Documentation of case management services provided including assessment of needs, assistance with goal development and traditional housing plan, and weekly progress toward accomplishment of goals/plan
- Name of case management agency with which resident is enrolled and/or documentation of referral to such agency
- Documentation of provision of drug or alcohol abuse counseling or referral
- Documentation of occupancy

STANDARD	MEASURE
Programs will maintain individual client records to include (but not be limited to): • Documentation of HIV diagnosis • Housing status prior to admission • TB clearance • Signed, written agreement of terms	Information on file in client chart at provider agency. Program monitoring to confirm.

and conditions of residency and tenant's rights • Resident data including dates of admission and discharge, and emergency notification information • Documentation of case management • Name of case management agency with which resident is enrolled and/or documentation of referral to such agency • Documentation of provision of drug or alcohol abuse counseling or referral • Documentation of occupancy	

OUTCOMES AND MEASURABLE INDICATORS
FY 2006

Outcome A: Completeness of Care

Measurable Performance Indicators:

1. Percent of clients whose treatment record documents education regarding harm-reducing and risk-reducing techniques for high-risk behaviors related to HIV.
   Baseline Benchmark: 100% of clients

2. Percent of clients who have had at least one HIV-related medical care consultation during the substance abuse treatment period.
   Baseline Benchmark: 100% of clients.

3. Percent of clients who stay at least 14 days in treatment who are referred to and linked with community resources as specified in the treatment plan.
   Baseline Benchmark: 100% of clients

4. Percent of clients receiving the number of individual counseling sessions described in the individualized treatment plan.
   Baseline Benchmark: 90% of clients

5. Percent of clients completing the course of substance abuse treatment described in their individual plan that are successfully referred to the appropriate next level of care.
   Baseline Benchmark: 60% of clients

Outcome B: Satisfaction with Care

Measurable Performance Indicator:

1. Percent of clients who report satisfaction with services they received.
   Baseline Benchmark: 90% of clients

STAFFING REQUIREMENTS AND QUALIFICATIONS

At minimum, all substance abuse residential staff will possess the ability to provide linguistically and culturally age-appropriate care to people living with HIV and complete documentation as required by their positions. Substance abuse treatment staff will complete an agency-based orientation before providing services. In addition, all new staff must receive HIV/AIDS education within the first three months of employment. Staff will also be trained and oriented regarding client confidentiality and HIPAA regulations.

All direct service staff ***and clinical supervisors*** must attend a minimum of ***20*** hours of HIV/AIDS training each year. All management***, clerical and support*** staff must attend a minimum of eight hours of HIV/AIDS training each year. Training topics may include:

- The role of substances in HIV disease prevention and progression
- Sexual ***identification*** and gender issues
- Current medical treatment and updates
- Mental health issues for people living with HIV
- Confidentiality and disclosure
- Community resources
- Grief and loss

Direct service staff will be supervised according to the mandates of their respective licensure or certification. At minimum, all direct service staff and volunteers providing treatment services will be required to attend a minimum of two hours per month of clinical supervision or consultation, one hour of which must be individual, face-to-face clinical skill development. The objective of such supervision is to improve treatment skills, maintain quality of services to clients and to monitor compliance with program policies and procedures.

At least 50% of program staff providing counseling services in all alcohol or other drug program shall be certified pursuant to the requirements of California Code of Regulations, Title 9, Division 4, Chapter 8.

STANDARD	MEASURE
Substance abuse treatment staff will possess the ability to provide linguistically and culturally age-appropriate care and complete documentation as required by their positions	Resumes and record of training in employee file to verify
Staff will receive an agency orientation, HIV training within three months of employment and oriented and trained in confidentiality and HIPAA	Record of orientation and training in employee file

compliance	
Ongoing HIV/AIDS training is required of all staff: • Direct service staff and clinical supervisors – 20 hours/year • Management, clerical and support staff – 8 hours/year	Record of trainings in employee file
Direct service staff will be supervised according to the mandates of their respective licensure or certification. At minimum, all direct service staff and volunteers providing treatment services will attend a minimum of two hours per month of clinical supervision; one hour of which must be individual, face-to-face clinical skill development.	Documentation of supervision on file at provider agency
At least 50% of counseling staff shall be certified pursuant to the requirements of California Code of Regulations, Title 9, Division 4, Chapter 8	Certifications available for review in employee file

SUBSTANCE ABUSE RESIDENTIAL REHABILITATION

Substance abuse residential rehabilitation programs must have the following staff:

High Level Intensity Programs

Administrative and Support Staff

- **Program Administrator** or designee who is on-site during the normal work day
- **Registered Nurse** who will remain on-call 24 hours a day
- **On-Duty Staff** or **Resident Manager** who must be present whenever clients are present
- **On-Duty Awake Staff**
    - Programs with six beds or fewer – a minimum of one awake staff is required
    - Programs with between seven and 25 beds, a minimum of two awake staff are required

- Programs with more than 25 beds, a minimum of one awake staff is required for each additional 16 beds or portion thereof

- **Support Staff** to perform office work, cooking, house cleaning, laundering and maintenance activities

Direct Care Staff

Programs will ensure that all direct service staff are appropriately trained and that all services requiring specialized skills are performed by licensed or certified personnel. Clients will not be used to fulfill staffing requirements. Programs shall maintain a ratio of not less than one counselor for every 10 clients enrolled. Counselors may be nurse, psychologists, social workers, psychiatric technicians, trained counselors, graduate interns, counselors enrolled in certificate programs or others with training or experience in treating persons with HIV and addictions and specialized training in detoxification services. Direct care staff will include:

- **Counselor(s)** designated to perform admission, intake, assessment and ongoing evaluation of clients' treatment and care needs

- **Counselor(s)** responsible for oversight and provision of planned activities, as well as oversight of volunteers where applicable

STANDARD	MEASURE
Residential rehabilitation programs require the following administrative staff: • Program administrator on-site during normal work day • Registered nurse to remain on call 24 hours a day • On duty resident manager • On duty awake staff – 1-6 beds/1 awake staff 7-25 beds/2 awake staff more than 25 beds/1 awake staff for each 16 beds or portion thereof • Support Staff to perform office work, cooking, house cleaning, laundering and maintenance activities	Employee records and staffing plan to verify
Programs require the following direct service staff: • Counselor(s) to perform admission, intake, assessment	Employee records and staffing plan to verify

and ongoing evaluation of clients' treatment and care needs • Counselor(s) responsible for oversight and provision of planned activities and volunteers	
Counselors will be nurses, psychologists, social workers, psychiatric technicians, trained counselors, graduate interns, counselors enrolled in certificate programs or others with training or experience in treating persons with HIV and addictions. All services requiring specialized skills are performed by licensed or certified personnel	Resumes and licenses or certificates in employee files
Programs shall maintain a ratio of not less than one counselor for every 10 clients enrolled	Employee records and staffing plan to confirm

Medium Level Intensity Programs

Administrative and Support Staff

- **Program Administrator** or designee who is on-site during the normal work day or able to return telephone calls within one hour and able to appear in person within two hours

- **Registered Nurse** who will remain on-call 24 hours a day

- **On-Duty Staff** or **Resident Manager** who must be present whenever clients are present

    - Programs with six beds or fewer – a minimum of one on-duty staff or resident manager is required
    - Programs with between seven and 40 beds, a minimum of two on-duty or resident manager are required
    - Programs with more than 40 beds, a minimum of one on-duty staff or resident manager is required for each additional 40 beds or portion thereof

- **Support Staff** to perform office work, cooking, house cleaning, laundering and maintenance activities

Direct Care Staff

Programs will ensure that all direct service staff are appropriately trained and that all services requiring specialized skills are performed by licensed or certified personnel. Clients will not be used to fulfill staffing requirements. Programs shall maintain a ratio of not less than one counselor for every 10 clients enrolled. Counselors may be nurse, psychologists, social workers, psychiatric technicians, trained counselors, graduate interns, counselors enrolled in certificate programs or others with training or experience in treating persons with HIV and addictions and specialized training in detoxification services. Direct care staff will include:

- **Counselor(s)** designated to perform admission, intake, assessment and ongoing evaluation of clients' treatment and care needs

- **Counselor(s)** responsible for oversight and provision of planned activities, as well as oversight of volunteers where applicable

STANDARD	MEASURE
Residential rehabilitation programs require the following administrative staff: • Program administrator on-site during normal work day or able to return telephone calls within one hour and able to appear in person within two hours • ***Registered nurse to remain on call 24 hours/day*** • On duty staff or resident manager 1-6 beds/1 on duty staff 7-40 beds/2 on duty staff more than 40 beds/1 ***on duty*** staff for each 40 beds or portion thereof • Support Staff to perform office work, cooking, house cleaning, laundering and maintenance activities	Employee records and staffing plan to verify
Programs require the following direct service staff: • Counselor(s) to perform admission, intake, assessment and ongoing evaluation of clients' treatment and care needs • Counselor(s) responsible for oversight and provision of planned activities and volunteers	Employee records and staffing plan to verify

Counselors will be nurses, psychologists, social workers, psychiatric technicians, trained counselors, graduate interns, counselors enrolled in certificate programs or others with training or experience in treating persons with HIV and addictions. All services requiring specialized skills are performed by licensed or certified personnel	Resumes and licenses or certificates in employee files
Programs shall maintain a ratio of not less than one counselor for every 10 clients enrolled	Employee records and staffing plan to confirm

Low Level Intensity Programs

Administrative and Support Staff

- **Program Administrator** or designee who is on-site during the normal work day or able to return telephone calls within one and one half hours and able to appear in person within three hours

- **Registered Nurse** who will remain on-call 24 hours a day

- **On-Duty Staff** or **Resident Manager** who must be present whenever clients are present

    - Programs with six beds or fewer – a minimum of one on-duty staff or resident manager is required
    - Programs with between seven and 40 beds, a minimum of two on-duty or resident manager are required
    - Programs with more than 40 beds, a minimum of one on-duty staff or resident manager is required for each additional 40 beds or portion thereof

- **Support Staff** to perform office work, cooking, house cleaning, laundering and maintenance activities

Direct Care Staff

Programs will ensure that all direct service staff are appropriately trained and that all services requiring specialized skills are performed by licensed or certified personnel. Clients will not be used to fulfill staffing requirements. Programs shall maintain a ratio of not less than one counselor for every 16

clients enrolled. Counselors may be nurse, psychologists, social workers, psychiatric technicians, trained counselors, graduate interns, counselors enrolled in certificate programs or others with training or experience in treating persons with addictions and specialized training in detoxification services. Direct care staff will include:

- **Counselor(s)** designated to perform admission, intake, assessment and ongoing evaluation of clients' treatment and care needs

- **Counselor(s)** responsible for oversight and provision of planned activities, as well as oversight of volunteers where applicable

STANDARD	MEASURE
Residential rehabilitation programs require the following administrative staff: • Program administrator on-site during normal work day or able to return telephone calls within one and one half hour and able to appear in person within three hours • Registered nurse to remain on call 24 hours/day • On duty staff or resident manager 1-6 beds/1 on duty staff 7-40 beds/2 on duty staff more than 40 beds/1 on duty staff for each 40 beds or portion thereof • Support Staff to perform office work, cooking, house cleaning, laundering and maintenance activities	Employee records and staffing plan to verify
Programs require the following direct service staff: • Counselor(s) to perform admission, intake, assessment and ongoing evaluation of clients' treatment and care needs • Counselor(s) responsible for oversight and provision of planned activities and volunteers	Employee records and staffing plan to verify
Counselors will be nurses, psychologists, social workers, psychiatric technicians, trained counselors, graduate interns,	Resumes and licenses or certificates in employee files

counselors enrolled in certificate programs or others with training or experience in treating persons with HIV and addictions. All services requiring specialized skills are performed by licensed or certified personnel	
Programs shall maintain a ratio of not less than one counselor for every 16 clients enrolled	Employee records and staffing plan to confirm

SUBSTANCE ABUSE TRANSITIONAL HOUSING

Substance abuse transitional housing programs must have at least a house manager and the necessary staff for 24-hour supervision, food preparation, cleaning and maintenance. Staff shall include persons qualified to manage the facility, supervise operations on a 24-hour basis and maintain records as required.

Substance abuse transitional housing programs must have the following staff:

Administrative and Support Staff

- **Facility Administrator** or designee who is on-site during the normal work day or able to return telephone calls within one and one half hours and able to appear in person within three hours

- **Support Staff** to perform office work, cooking, house cleaning, laundering and maintenance activities

Direct Care Staff

Programs will ensure that all direct service staff are appropriately trained and that all services requiring specialized skills are performed by licensed or certified personnel. Clients will not be used to fulfill staffing requirements. Direct care staff will include:

- **Counselor(s)** designated to perform admission, intake, assessment and ongoing evaluation of clients' treatment and care needs

- **Counselor(s)** responsible for oversight and provision of planned activities, as well as oversight of volunteers where applicable

- **On-Duty Staff** who must be present whenever clients are present

- Programs with six beds or fewer – a minimum of one on-duty staff is required during service provision hours
- Programs with between seven and 40 beds, a minimum of two on-duty staff are required during service provision hours
- Programs with more than 40 beds, a minimum of one on-duty staff is required for each additional 40 beds or portion thereof during service provision hours

STANDARD	MEASURE
Transitional housing programs require the following administrative staff: • Facility administrator on-site during normal work day or able to return telephone calls within one and one half hour and able to appear in person within three hours • Support Staff to perform office work, cooking, house cleaning, laundering and maintenance activities	Employee records and staffing plan to verify
Programs require the following direct service staff: • Counselor(s) to perform admission, intake, assessment and ongoing evaluation of clients' treatment and care needs • Counselor(s) responsible for oversight and provision of planned activities and volunteers • On duty staff or resident manager 1-6 beds/1 on duty staff 7-40 beds/2 on duty staff more than 40 beds/1 on duty staff for each 40 beds or portion thereof	Employee records and staffing plan to verify
Counselors will be trained or experienced in treating persons with addictions. All services requiring specialized skills are performed by licensed or certified personnel	Resumes and licenses or certificates in employee files
Programs shall maintain a ratio of not less than one counselor for every 40 clients enrolled	Employee records and staffing plan to confirm

SERVICE UNITS

Unit of Service: Units of service (defined as reimbursement for substance abuse residential services) are based on specific substance abuse residential services provided to eligible clients.

Substance Abuse Residential Rehabilitation Service Units -- Calculated in number of residential days

Substance Abuse Transitional Housing Units -- Calculated in number of residential days provided.

Number of Clients: Client numbers are documented using the figures for unduplicated clients within a given contract period.

QUALITY MANAGEMENT

All programs will implement a Quality Management (QM) program that assesses the extent to which care and services provided are consistent with federal (e.g. Public Health Service and CDC Guidelines), State and local standards of HIV/AIDS care and services. The QM program will (at minimum):

- Identify the leadership and accountability of the medical director or executive director of the program
- Use measurable outcomes and data collected to determine progress toward established benchmarks and goals
- Focus on linkages to care and support services
- Track client perception of their health and effectiveness of services
- Serve as a continuous quality improvement (CQI) process reported annually to senior leadership

QUALITY MANAGEMENT PLAN

Programs will develop **one** agency-wide QM plan that encompasses all HIV/AIDS care and prevention services if possible. This plan will be reviewed and updated as needed by the agency's QM committee and signed by the medical director or executive director. The written QM plan shall include the following components (at minimum):

Objectives: The QM plan should delineate specific goals and objectives that reflect the program's mission, vision and values

Quality Management Committee: The QM plan will describe the purpose of the Quality Management Committee, its composition, meeting frequency (quarterly, at minimum) and required documentation (e.g., minutes, agenda, sign-in sheets, etc.). Programs that already have an established advisory committee need not create a separate Quality Management Committee, so long as the already existing advisory committee's composition and activities conform to QM program objectives.

Selection of the QM Approach: The QM plan will detail an elected QM approach, such as Plan-Do-Study-Act (PDSA), Chronic Care Model, or Joint Commission on Accreditation of Healthcare Organization (JCAHO) 10-Step model, etc.

Quality Management Program Content: The QM plan will detail program content to include (at minimum):

- **Measurement of Outcome Indicators** – collection and analysis of data measured from specific OAPP selected indicators (at minimum). In addition, agency can measure other aspects of care and services as needed

- **Development of Data Collection Method** -- to include sampling strategy (e.g., frequency, percentage of sample sized), collection method (e.g., chart abstraction, interviews, surveys, etc.) and creation of a data collection tool.

- **Collection and Analysis of Data** – results will be reviewed and discussed by the QM committee. The findings of the data analysis will be communicated with all involved program staff.

- **Identification of Improvement Strategies** – QM committee will be responsible for identifying improvement strategies, tracking progress and sustaining achieved improvement.

Client Feedback Process: The QM plan will describe the mechanism for obtaining ongoing feedback from clients regarding the accessibility and appropriateness of service and care. Feedback will also include the degree to which the service meets client need and satisfaction. Client input will be discussed in the agency's QM committee on a regular basis for the enhancement of service delivery. Aggregate data is to be reported to the QM committee annually for continuous program improvement.

Client Grievance Process: The QM plan will detail the program's policy and procedure for addressing and resolving client's grievance at the level closest to the source within agency. Grievance data will be tracked, trended and reported to the QM committee for improvements in care and services. (See also PROGRAM REQUIREMENTS AND GUIDELINES).

Random Internal Chart Audits: The QM plan will detail a plan for random chart audits for Medical outpatient, Medical Nutrition Therapy, Case Management, Mental Health, Psychiatry and Oral Health services. Sampling criteria will be based on important aspects of care and will be, at minimum, 10% or 30 charts, whichever is less. Results of the chart audits will be reported and discussed quarterly in the QM committee.

STANDARD	MEASURE
Programs will develop a Quality Management Plan	Quality Management Plan on file at provider agency which details (at minimum):

	• Objectives
	• Quality Management Committee
	• Quality Management Approach
	• Quality Management Program Content including (at minimum)
	  o Measurement of outcome indicators
	  o Development of data collection method
	  o Collection and analysis of data
	  o Identification of improvement strategies
	• Client Feedback Process
	• Client Grievance Process
	• Random Internal Chart Audits (when appropriate)

Quality management plan will be reviewed and updated as needed by the agency's QM committee and signed by the medical director or executive director	Record of review on file at provider agency. Updated QM plans on file at provider agency

PROGRAM REQUIREMENTS AND GUIDLELINES

Agencies providing mental health services must have written policies that address confidentiality, release of information, client rights and responsibilities, universal precautions, eligibility and client grievances.

Confidentiality protects information about a clients HIV status, risk factors and use of services. A **Release of Information Form** describes the situations under which a client's information can be released and includes the name of the agency with whom information will be shared, the specific information to be shared, duration of the release consent, and the client's signature. A release of information can be rescinded verbally or in writing at any time. For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), the Release of Information must be a HIPAA-compliant disclosure authorization.

Funded providers are expected to post and provide to each consumer the **Patient's Bill of Rights** developed by the Los Angeles Commission on HIV which outlines a client's/patient's right to:

- respectful treatment
- competent, high quality care
- be part of the decision making process
- confidentiality and privacy
- billing information and assistance.

In addition, the Patient's Bill of Rights outlines the client/patient responsibilities as a service consumer. Programs are welcome to develop their own Bill of Rights as long as the Commission on HIV Bill is used as a minimum standard. A copy of the Commission on HIV Patient's Bill of Rights is found as Exhibit 3 in LINKAGES AND TOOLS.

A **grievance procedure** details a procedure for clients to voice their concerns about unfair treatment or the quality of services they are receiving. Grievance procedures should detail the steps a client can follow to file a grievance and how the grievance will be handled within the agency. Included in the procedure should be steps for client appeal.

STANDARD	MEASURE
Programs will develop and enforce client confidentiality policy	Written policy on file
Programs will develop and enforce client grievance policy	Written policy on file and posted in a visible location
Programs shall post and provide each client with a Patient's Bill of Rights	Copy of Commission on HIV Patient's Bill of Rights (or program's specific Bill) on file and posted in a visible location.

	Each client file to note that Bill of Rights has been provided.
Agency develops and enforces written eligibility requirements for services	Written policy on file
Agency develops and enforces policy for obtaining client consent	Client consent form on file
Client records are stored in secure and confidential location	Records stored in locked file, cabinet, or room with limited access
Agency has written policies which address the following: • Physical plant safety • Medical/health care • Infection control and transmission risk management • Crisis management • Personnel • Risk assessment and response • Service planning • Documentation • Client/Guardian rights and responsibilities • Client discharge and transition	Written policies on file

LINKAGES

In certain cases, clients will require additional services a given agency is unable to provide. It is incumbent upon provider agencies to develop mechanisms and referral sources to make available the full range of additional services to meet the needs of their clients. Also vital is the coordination of client care with HIV medical care clinics. Developing mechanisms that ensure contact with a client's HIV medical care clinic will ensure integration of services and better client care.

STANDARD	MEASURE
Provider agencies develop and provide referrals for full range of services	Memoranda of Understanding with additional providers on file
Special effort will be made to develop feedback mechanisms with HIV medical clinics to ensure integration of service and better client care	Memoranda of Understanding with primary medical clinics on file

PROGRAM SAFETY

Services must be provided in settings that meet federal, state and local requirements. Such requirements ensure the well-being and safety of clients and

staff. Facilities should be easily accessible by all, clean, comfortable and free of hazards.

STANDARD	MEASURE
Program promotes and practices Universal Precautions	Written policy on file
Program is Americans with Disabilities Act (ADA) compliant for physical accessibility	Signed confirmation on file
Program has developed and enforces policy for health and safety related incidents.	Written policy, reviewed by all staff, on file
Agency complies with all required federal, state and local safety regulations (includes OSHA)	Signed confirmation, as needed, on file

CULTURAL AND LINGUISTIC COMPETENCE

All providers should be involved in a process of training and education that increases cultural and linguistic competence and improves their ability to provide culturally and linguistically appropriate services to all people living with HIV. Culturally and linguistically appropriate services:

- Respect, relate and respond to a client's culture in a non-judgmental, respectful manner
- Match the needs and reflect the culture and language of the clients being served
- Recognize the significant power differential between provider and client, member of the dominant culture vs. minority, and work toward developing a more collaborative interaction
- Consider each client as an individual, not making assumptions based on perceived membership in any group or class

Important in the development of cultural and linguistic competence is the ability to acknowledge one's personal limits in cultural and linguistic competence, and the willingness to treat one's client as the expert on their culture and relation to it.

STANDARD	MEASURE
Programs will recruit a diverse staff that reflects the cultural and linguistic diversity of the community served	Programs have a written strategy on file
All staff (including administrative staff) will receive ongoing training to build cultural and linguistic competence	All staff required to attend one training per year, verified in personnel file
Programs will maintain a physical	Site visit will ensure

environment that is welcoming to the populations served	
All programs will ensure access to services for clients with limited English	Programs will ensure through: • Bilingual staff • Face to face interpretation provided by qualified staff or volunteers • Telephone interpretation services for emergency needs • Referral to bilingual/bicultural programs
Clients' family and friends will not be considered as ongoing interpreters because of confidentiality and medical terminology limitations. If a client chooses to use family or friend as their interpreter, the provider must obtain consent.	If used, family/friend interpretation consent form signed by client will be kept on file.
Interpreters, bilingual staff and volunteers must demonstrate bilingual proficiency and be trained in the skills and ethics of interpreting. Training on terms relevant to HIV services must be provided.	Resume and documentation of training; certification (when applicable) on file
Clients shall have access to linguistically appropriate educational materials and signage	Programs must provide educational materials and required documentation (consents, grievance procedures, etc.) in the native language of the populations served
Programs will conduct ongoing assessments of cultural and linguistic competence of staff and program	Cultural competence measures developed and maintained into program and staff assessments and evaluations

GENDER AND SEXUAL IDENTITY COMPETENCE

All providers should be involved in a process of training and education that ensures their ability to deliver appropriate services regarding diverse gender and sexual identity issues relevant to people living with HIV, including Lesbian, Gay, Transgender, Bisexual, Intersexed or Queer-identified individuals. Competency in gender and sexual identity issues should include:

- Respect for and the ability to relate and respond to a client's sexual identity, sexual orientation, and gender identity in an informed and non-judgmental manner.

- Understanding the specific needs of underserved sexual and gender minority groups.
- Understanding the specific needs of women.
- Recognizing and being sensitive to the dominant culture's historic oppression of sexual and gender minorities, and working toward developing a collaborative interaction.
- Considering each client as an individual, not making assumptions based on perceived membership in any gender or sexual identity group.
- Deferring to the client's self-identification and not imposing normative culture values onto client.

STANDARD	MEASURE
Programs will recruit a diverse staff that reflects the gender and sexual diversity of the community served	Programs have a written strategy on file
All staff (including administrative staff) will receive ongoing training to build gender and sexual diversity competence	All staff required to attend one training per year, verified in personnel file
Programs will maintain a physical environment that is welcoming to the populations served	Site visit will ensure
Program documents and materials will utilize inclusive language	Documents on file for verification

ACCESSIBILITY OF SERVICES

Providers must demonstrate the capacity to ensure that services are accessible and relevant to all people living with HIV, including linguistic and cultural minorities and people with disabilities.

STANDARD	MEASURE
Agency complies with ADA criteria	Completed form/certification on file
Services are accessible to target population	Site visit to review hours of operation, location, accessibility with public transportation
Services are offered to any person meeting eligibility requirements within funding capacity	Written eligibility requirements and grievance procedures on file
Programs incorporate consumer input in design, delivery and evaluation of services	Documentation of consumer advisory board meetings, focus groups and other consumer input mechanisms on file.

OTHER RESOURCES

Addiction Severity Index – administration guidelines
http://www.odmhsas.org/Training/ASI-2005.pdf

American Society of Addiction Medicine -- homepage
http://www.asam.org/

American Society of Addiction Medicine – patient placement criteria info
http://www.asam.org/ppc/ppc2.htm

California Alcohol and Drug Programs
http://www.adp.cahwnet.gov/

Center for Mental Health Services
http://www.mentalhealth.samhsa.gov/cmhs/

Center for Substance Abuse Treatment
http://csat.samhsa.gov/

Drug Rehab Info – U.S.
http://www.drugrehabinfo.us/

National Institute on Alcohol Abuse and Alcoholism
http://www.niaaa.nih.gov/

National Institute on Drug Abuse
http://www.nida.nih.gov/

National Institute on Drug Abuse – For Teens
http://www.teens.drugabuse.gov/

Prochaska and DiClemente's Stages of Change Model
http://www.cellinteractive.com/ucla/physcian_ed/stages_change.html
or
http://www.uri.edu/research/cprc/transtheoretical.htm

PrevLine – SAMHSA's prevention and education information
http://www.health.org/

Substance Abuse and Mental Health Services Administration (SAMHSA)
http://www.samhsa.gov/index.aspx

Treatment Improvement Protocol #37 – Substance Abuse Treatment for Persons living with HIV and AIDS
http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.64746

Treatment Research Institute – online copies of Addiction Severity Index
http://www.tresearch.org/resources/instruments.htm

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STAFF/COMMITTEE REPORT

Purpose of these Notes: Each expert panel session requires a complex discussion of both the detail and the larger issues included in the Standard under discussion. These notes attempt to capture the complexity of the discussion in the Substance Abuse, Residential review panel, convened on July 20, 2005, as well as the areas where the panel was split and struggled to an incomplete consensus. These are areas ripe for review when the Standards are revisited for revision.

Issues emerging from the discussion:

1. **HIV Focus of the Substance Abuse Services:** Panel members felt that there should be a focus throughout the standard on the specific needs of clients living with HIV, including their special educational, risk reduction and medical needs.

2. **Grouping of Services:** The panel noted that the grouping of disparate services together in this single standard made discussion and decision-making more difficult, since few specific standards could be made to apply to all the services in each section. There was particular discussion about the category of Substance Abuse, Transitional Housing and where the dividing line was between sober housing and housing with substance abuse treatment.

3. **Harm Reduction:** The panel worried about the inclusion of language describing and defining harm reduction in the standards. They noted that harm reduction services are not currently funded under this category and that—although the Commission and the treatment community as a whole understands the harm reduction philosophy to be a useful one—individual treatment programs may not use that model and should not be asked to endorse it with clients. The sensitivity of this issue was such that the group recommended excising some of the descriptive harm reduction language.

4. **Linked Referrals**: There was a long and complex discussion about the topic of linked referrals, which, in this context, means a referral in which the client is physically accompanied by a staff member, another client, or a volunteer while out of the facility, in order to reduce the risk of relapse. Panel members agreed this approach is safer for clients, especially in the first few weeks of sobriety, but also noted the burden this requirement puts on the program, and the increased risk of disclosure within the program of HIV status by whomever accompanies the patient to medical appointments. In the end, the panel recommended the linked referrals.

5. **Rate Study Acuity/Intensity Scale:** Members of the panel were familiar with the rate study and its findings. They expressed skepticism about the usefulness of the intensity scale, in particular in determining the appropriate level of care for clients, which they felt most often was organically determined by a combination of the clients' wishes and the counselors' advice.

6. **Hours of Therapeutic Group Services:** Panel members were unanimous in recommending increased specificity about what constitutes therapeutic contact hours and how long the sessions should be. They recommended increasing the number of hours in each of the intensity levels.

COMMITTEE ACTION:

- **Issue raised post-Panel:** The issue of the ratio of staffing of counselor to client was debated and will remain at 1/40.

- **Issue raised from Public Comment:** It was suggested that the timelines for treatment plans set out in this standard of care deviated from conventional and accepted clinical practices, and, as a consequence, interferes with the process of gathering complete data from which to develop a high quality treatment plan. The Standards of Care (SOC) Committee recognizes the veracity of the comment and the implications it might have for establishing a standard in this category. However, the Committee believes that the comment necessarily requires that an expert panel conduct a complete conversation on the issue to a conclusive end. Further, the Commission and its SOC Committee wish to reiterate that the standards of care among all the service categories are intended to be living documents that at regular intervals will be revisited for revision. It is at the next interval that the Committee recommends this comment be brought forward for an expert panel to address.

- **Issue raised from Public Comment:** Some criticized the quantity of seven and five group therapy sessions weekly for medium and high intensity programs, respectively, as excessive, and clinically inadvisable. The SOC Committee acknowledges the comment but chooses to accept the findings of the Expert Panel convened to establish the standards. However, the Committee recommends that the issue be granted ample time for consideration at the next interval when this service category is revisited for revision.

LINKAGES AND TOOLS

Exhibit 1 – Sample Intake Form

Exhibit 2 – Sample Consent to Receive Service

Exhibit 3 – Commission on HIV Patients Bill of Rights

INTAKE / REGISTRATION FORM

Name: _____ **M I:** ____ **Sex:** _____ **Birth date:**_____
(Last) (First)

Address : _____

Zip Code: _____ **City:** _____ **State:** _____
OK To Send Mail? ☐Yes / ☐No **County:** _____ **Effective:** _____

Residency Status:_____ **Birth Country:**_____

Day Phone: _____ **Evening Phone:** _____

Ok to leave message identifying an AIDS agency? ☐Day? ☐Yes / ☐No ☐Eve? ☐Yes / ☐No

Names of People We Can Talk to or Leave a Message With:_____

Social Security Number: _____ **Ethnicity:** _____ **Language:** _____

CLIENT CLASSIFICATION: ☐AIDS ☐ HIV Symptomatic ☐HIV Asymptomatic

Referring Agency: _____ **By:** _____

Service being Referred for: ☐ MENTAL HEALTH ☐CASE MANAGEMENT ☐PEER-SELF HELP
☐HOME HEALTH ☐TREATMENT ADVOCATE EDUCATION ☐WOMEN AND FAMILY ☐PASSPORT TO CARE

Proof of Diagnosis Received? ☐Yes / ☐No **Medical Informed Consent Received?** ☐Yes / ☐ No

Client Acuity Level: ☐HIGH ☐TRANSITIONAL As of: _____

Registered by: _____ **Date:**_____

Primary HIV Exposure: ☐ Heterosexual ☐Intravenous (IV) drug use ☐Men who have sex with men
☐Other (Please specify):_____

Secondary HIV Exposure: ☐Heterosexual ☐Intravenous (IV) drug use ☐Men who have sex with men
☐Other (Please specify):_____

IN EMERGENCY, NOTIFY:

Name: _____ **Relationship:** _____
(Last) (First)

Address: _____

Zip Code: _____ **City:** _____ **State:** _____

Day Phone# _____ **Evening Phone#** _____

Number of Dependent Children: _____

Name 1. _____ Date of Birth: _____ HIV Positive: ☐Yes / ☐No

Name 1. _____ Date of Birth: _____ HIV Positive: ☐Yes / ☐No

Name 1. _____ Date of Birth: _____ HIV Positive: ☐Yes / ☐No

Name 1. _____ Date of Birth: _____ HIV Positive: ☐Yes / ☐ No

MEDICAL INFORMATION

Physician Name: _____ **Phone:** _____
(Last) (First)

Address Line 1: _____ Line 2: _____

City: _____ **State:** _____ **Zip Code:** _____ **Referred On:** _____

INSURANCE INFORMATION—Do you currently receive any of the following?

1. Health Insurance: ☐Yes / ☐ No

If YES Please Complete:

☐Medi-Cal? ☐Medicare? ☐Private Individual? ☐Group? ☐HMO:_____

Veteran? ☐ Yes / ☐ No of: _____

2. Income Disability Insurance: ☐Yes / ☐No If YES Please Complete:

If YES Please Complete:

☐SDI? ☐SSI? ☐SSD? ☐Private? ☐General Relief?

EMPLOYMENT STATUS

☐Employed Full Time ☐Employed Part Time ☐Permanent Medical Disability

☐Temporary Medical Disability ☐Not Currently Employed/Reason Other Than Disability

Occupation if employed: _____ Gross Monthly Income: $_____

Family Support: ☐Joint Head of Household ☐Male Head of Household

☐Female Head of Household ☐Non Head of Household ☐Household Size: _____

Living Arrangements: ☐Lives Alone ☐Lives with Spouse or Significant Other ☐ Homeless

☐Lives with Friends/Roommate ☐Lives with Unrelated Persons ☐Lives with Family

Does Client have a Caregiver? ☐Yes / ☐No

OTHER SERVICE PROVIDERS YOU ARE PRESENTLY REGISTERED WITH:

_____

OAPP RYAN WHITE CLIENT DEMOGRAPHICS

Ethnicity: _____ **Race:** _____ **Hispanic** ☐Yes / ☐ No

Gender: ☐**Female** ☐**Male** ☐**Transgender:Male to Female** ☐**Transgender:Female to FMale**

Current Client HIV Risk Behaviors: ☐Child of HIV Infected Mother ☐Declined to State ☐Exchange Sex

☐Needle Sharing ☐No Current Risk Behaviors ☐Non-Injection Substance Abuse ☐Unprotected Sex

Sexual Orientation: ☐Homosexual ☐Heterosexual ☐Bisexual

Additional Information Needed:

Deaf/Hard of Hearing	☐Yes /	☐No	Blind/Partially Sighted?	☐Yes /	☐No
Physically Challenged	☐Yes /	☐No	Severe Mental Illness?	☐Yes /	☐No
Client Speaks English	☐Yes /	☐No	Dependent Children?	☐Yes /	☐No
Chemical Dependency?	☐Yes /	☐No	Pre/Newly Released Prisoner?	☐Yes /	☐No

Homeless Status:

_____

_____

HRSA CLIENT LEVEL INFORMATION:

Household Size: _____ **Annual Household Income:** _____

Primary Source of Medical Insurance: ☐Medicaid/Medi-Cal ☐Medicare ☐No insurance
☐Other public (e.g., Champus, VA) ☐Private ☐Other:_____

Primary Place of Medical Care: ☐Community Clinic ☐County Clinic ☐Emergency Room
☐HMO (Kaiser, CIGNA, etc.) ☐Other Private Community-Based Organization ☐Refused to Answer
☐Other (describe): _____

Reporting Year: _____

Housing/living Arrangements: ☐Institution (includes residential, health care, correctional) ☐Permanent
☐Non-permanent (includes homeless, transient, or transitional) ☐Unknown/Unreported

Mental Health

History: ☐No history ☐Yes, active history within last 3 months ☐Unknown
☐Yes, but not active within the last 3 months

Treatment Status: ☐Completed treatment ☐Dropped out of treatment ☐In treatment
☐No active treatment or counseling ☐Pre-treatment process ☐Refused treatment ☐Not applicable

Substance Abuse

History: ☐No history ☐Yes, active history within last 3 months ☐Unknown
☐Yes, but not active within the last 3 months

Treatment Status: ☐Completed treatment ☐Dropped out of treatment ☐In treatment
☐No active treatment or counseling ☐Pre-treatment process ☐Refused treatment ☐Not applicable

Incarceration History

☐ No history of incarceration ☐ Incarcerated over 2 years ago ☐ Incarcerated within the last 24 months
☐ On Parole ☐ On Probation ***(Parole/ Probation Officer Name:*** _____
Address: _____ ***Telephone #:*** _____)

If the client was prescribed anti-retroviral therapy, indicate type: ☐Highly Active Anti-retroviral Therapy (HAART)
☐None ☐Other (mono or dual therapy) ☐Salvage

Please Check all of the medications that were part of the client's HIV treatment

Limit to thecurrent Quarter (Month): ☐Qtr 1(Jan-Mar) ☐Qtr 2(Apr-Jun) ☐Qtr 3(Jul-Sept) ☐Qtr 4(Oct-Dec)

1.	☐Agenerase (amprenavir)	13.	☐Rescriptor (delavirdine)
2.	☐Combivir (lamivudine/zidovudine)	14.	☐Retrovir (AZT/ZDV/zidovudine)
3.	☐Crixivan (indinavir)	15.	☐Sustiva (Efavirenz)
4.	☐***EMTRIVIR*** (emtricitabine—FTC)	16.	☐Trizivir (abacavir sulfate/lamivudine/zidovudine)
5.	☐Epivir (3TC/lamivudine)	17.	☐Truvada (emtricitabine/ tenofovir disoproxil fumarate)
6.	☐Fortovase (invirase/saquinavir)	18.	☐Videx/Videx EC (ddI/didanosine/dideoxyinosine)
7.	☐***FUZEON*** (enfuviritde—T-120)	19.	☐Viracept (nelfinavir mesylate))
8.	☐HIVID (ddC/dideoxycytidine)	20.	☐Viramune (nevirapine)
9.	☐Kaletra (loprinavir/ritonivir)	21.	☐Viread (tenofovir disoproxil fumarate)
10.	☐***LEXIVA*** (vertex)	22.	☐Zerit (d4T/stavudine)
11.	☐Norvir (ritonavir)	23.	☐Ziagen (abacavir sulfate)
12.	☐***REYATAZ*** (atazanvir sulfate)	24.	☐Other HIV Meds: _____

List All other Medications:

HRSA CLIENT LEVEL INFORMATION - PREVENTATIVE THERAPY

Did the client receive a TB Skin Test during the reporting year: ☐Yes / ☐No

Treatment due to positive TB Skin Test during the reporting year: ☐Yes / ☐No

Was the client screened/tested for syphilis? ☐Yes / ☐No

Was the client treated for syphilis ? ☐Yes / ☐No

Was the client screened/tested for other STI (not syphilis or HIV)? ☐Yes / ☐No

Was the client treated for the STI during the reporting year? ☐Yes / ☐No

Was the client screened/tested for Hepatitis C? ☐Yes / ☐No

Treated for Hepatitis C? ☐Yes / ☐No

Did the client receive a pelvic exam & PAP smear this year (if applicable)? ☐Yes / ☐No ☐N/A

This portion for Female clients:

Was she pregnant at any time during this reporting year: ☐Yes / ☐No

Did she enter care? ☐Yes / ☐No

Did she receive antiretroviral meds to prevent HIV transmission: ☐Yes / ☐No

Number of children born: _____Number of children born HIV+ _____

HRSA CLIENT LEVEL INFORMATION - AIDS DEFINING CONDITIONS & LAB RESULTS

Diagnosis — Check Yes or No if the client was or was not diagnosed with any of these condition during the reporting year.

Mycobacterium Avium Complex?)? ☐Yes / ☐No

Mycobacterium Tuberculosis?)? ☐Yes / ☐No

Pneumocystis Carinii Pneumonia ?)? ☐Yes / ☐No

CMV Disease?)? ☐Yes / ☐No

Toxoplasmosis?)? ☐Yes / ☐No

Cervical Cancer?)? ☐Yes / ☐No

Other AIDS-defining condition?)? ☐Yes / ☐No

Indicate other condition: _____

CD4 Lab Tests:	Qtr 1(Jan-Mar)	Qtr 2(Apr-Jun)	Qtr 3(Jul-Sept)	Qtr 4(Oct-Dec)
CD4 Count:				
Month Of Test:				
CD4 Lab Tests:	Qtr 1(Jan-Mar)	Qtr 2(Apr-Jun)	Qtr 3(Jul-Sept)	Qtr 4(Oct-Dec)
Viral Load:				
Month Of Test:				

AGENCY X and/or *other resources* may be able to help you with the following services. Please check the services you currently need:

CASE MANAGEMENT:

- ☐Information, Referrals, and Coordination of Services.
- ☐Public Benefits—Private Health and Income Benefits.
- ☐Insurance Services—Wills, Power of Attorney, Debtor/Creditor Counseling.
- ☐Transportation Services—MTA disabled ID, Transportation for Medical Appointments and other Related Services.
- ☐Food Program Referrals.
- ☐Housing—Rental Assistance, HOPWA Grants.

HOME HEALTH CARE:

- ☐RN/Social Worker Case Management.
- ☐In-Home Mental Health Counseling.
- ☐Karnofsky Score of 70 or less.

MENTAL HEALTH:

- ☐Counseling—Individual, Group, Family.
- ☐Psychiatric—Evaluation/Consultation.
- ☐Support Groups.

TREATMENT ADVOCACY AND EDUCATION:

- ☐One-on-One Treatment Education.
- ☐Education Resources—Medical Updates, Safer Sex Information, etc.
- ☐Medication Adherence Issues.

PEER SELF HELP:

- ☐One-on-One Peer Counseling.
- ☐Peer Lead Support Groups.
- ☐Community Events and Educational Forums.

WOMEN/FAMILY SUPPORT ADVOCACY:

- ☐Respite Care (In-Home Child Care).
- ☐Referral Services for Additional Support.

PASSPORT TO CARE:

- ☐Substance Use/Abuse Services (SUA) and SUA Referrals
- ☐SUA Treatment Planning
- ☐Psycho-Educational Services
- ☐Holistic Services
- ☐Addiction Educational Resources

I hereby certify that the information I have provided is true and correct and that I am requesting assistance from AGENCY X.

_____	_____
Signature of Applicant	Date
_____	_____
Agency Representative's Signature	Date

CONSENT TO RECEIVE SERVICES

DESCRIPTION OF SERVICES:

AGENCY X provides a comprehensive range of services to HIV/AIDS infected individuals residing or receiving services in the South Central region of Los Angeles. The Case Management, Home Health Care, Mental Health, Treatment Advocacy & Education, Peer-Self Help, Woman/Family Support Advocacy, and Passport To Care Programs work closely with other community agencies, both public and private, to help all participants achieve their individual goals and move toward long term self sufficiency.

All of the programs at **AGENCY X** are designed to provide sensitive and flexible coordination of services and assist HIV/AIDS infected participants in obtaining necessary advocacy and linkage, resources, referrals, HIV education, and emotional support. Services that might be facilitated include, but need not be limited to, those which address medical, nutritional, financial, housing, educational, transportation, and psychosocial needs.

Participation in Programs at **AGENCY X** are voluntary and subject to eligibility requirements.

Consent:

I, _____, am applying to participate in the following programs at
Printed Name of Applicant

AGENY X:

☐Case Management ☐Home Health Care ☐Mental Health ☐Treatment Advocacy & Education

☐Peer-Self Help ☐Woman/Family Support Advocacy ☐Psychiatric Services

I agree to cooperate with **AGENCY X** staff who will determine my eligibility for the above checked programs and services.

If I am eligible and choose to participate in this program, I understand that:

With the assistance of the staff person in the programs I am enrolled in, I will be an active participant in the process for deciding which services and referrals are needed or beneficial according to my personal situation. I will be notified by the staff person in the programs I am enrolled in of what services I am eligible to receive and any subsequent changes made to these services.

Information from my records will be seen only by staff and consultants of **AGENCY X**, service providers who will be serving me, and as otherwise provided by law.

I understand that participation in the programs at **AGENCY X** is voluntary and I may withdraw from this program at any time.

I will only receive services in the programs I am enrolled in as long as:

- I meet eligibility requirements for this program.
- I am not receiving mental health services from any other HIV/AIDS program funded by the County of Los Angeles Office of AIDS Programs and Policy (OAPP).
- I legally reside in the Los Angeles County.
- Funding for this program is available.
- I do not violate **AGENCY X**'s *Client's Rights and Responsibilities.*

I may request a grievance hearing if my application for participation is denied, if I am discharged from the program or if I am dissatisfied with services I receive.

All concerns that I have regarding any of the programs at **AGENCY X** have been fully answered at this time.
If I have additional concerns, I am able to contact the manager of this program at (323)-555-5555.

_____ _____
Signature of Applicant Date

_____ _____
Agency Representative's Signature Date

PEOPLE WITH HIV/AIDS BILL OF RIGHTS AND RESPONSIBILITIES

The purpose of this Patient and Client Bill of Rights is to help enable clients act on their own behalf and in partnership with their providers to obtain the best possible HIV/AIDS care and treatment. This Bill of Rights and responsibilities comes from the hearts of people living with HIV/AIDS in the diverse communities of Los Angeles County. As someone newly entering or currently accessing care, treatment or support services for HIV/AIDS, you have the right to:

A. Respectful Treatment

1. Receive considerate, respectful, professional, confidential and timely care in a safe client-centered environment without bias.
2. Receive equal and unbiased care in accordance with federal and state law.
3. Receive information about the qualifications of your providers, particularly about their experience managing and treating HIV/AIDS or related services.
4. Be informed of the names and work phone numbers of the physicians, nurses and other staff members responsible for your care.
5. Receive safe accommodations for protection of personal property while receiving care and services.
6. Receive services that are culturally and linguistically appropriate, including having full explanation of all services and treatment options provided clearly in your own language and dialect.
7. Look at your medical records and receive copies of them upon your request (reasonable agency policies including reasonable fee for photocopying may apply).
8. When special needs arise, extended visiting hours by family, partner, or friends during inpatient treatment, recognizing that there may be limits imposed for valid reasons by the hospital, hospice or other inpatient institution.

B. Competent, High-Quality Care

1. Have your care provided by competent, qualified professionals who follow HIV treatment standards as set forth by the Federal Public Health Service Guidelines, the Centers for Disease Control and Prevention (CDC), the California Department of Health Services, and the County of Los Angeles.
2. Have access to these professionals at convenient times and locations.
3. Receive appropriate referrals to other medical, mental health or other care services.

C. Make Treatment Decisions

1. Receive complete and up-to-date information in words you understand about your diagnosis, treatment options, medications (including common side effects and complications) and prognosis that can reasonably be expected.
2. Participate actively with your provider(s) in discussions about choices and options available for your treatment.
3. Make the final decision about which choice and option is best for you after you have been given all relevant information about these choices and the clear recommendation of your provider.
4. Refuse any and all treatments recommended and be told of the effect not taking the treatment may have on your health, be told of any other potential consequences of your refusal and be assured that you have the right to change your mind later.
5. Be informed about and afforded the opportunity to participate in any appropriate clinical research studies for which you are eligible.
6. Refuse to participate in research without prejudice or penalty of any sort.
7. Refuse any offered services or end participation in any program without bias or impact on your care.
8. Be informed of the procedures at the agency or institution for resolving misunderstandings, making complaints or filing grievances.
9. Receive a response to any complaint or grievance within 30 days of filing it.
10. Be informed of independent ombudsman or advocacy services outside the agency to help you resolve problems or grievances (see number at bottom of this form), including how to access a federal complaint center within the Center for Medicare and Medicaid Services (CMS).

D. Confidentiality and Privacy

1. Receive a copy of your agency's Notice of Privacy Policies and Procedures. Your agency will ask you to acknowledge receipt of this document.
2. Keep your HIV status confidential or anonymous with respect to HIV counseling and testing services. Have information explained to you about confidentiality policies and under what conditions, if any, information about HIV care services may be released.
3. Request restricted access to specific sections of your medical records.
4. Authorize or withdraw requests for your medical record from anyone else besides your health care providers and for billing purposes.
5. Question information in your medical chart and make a written request to change specific documented information. Your physician has the right to accept or refuse your request with an explanation.

E. Billing Information and Assistance

1. Receive complete information and explanation in advance of all charges that may be incurred for receiving care, treatment and services as well as payment policies of your provider.
2. Receive information on any programs to help you pay and assistance in accessing such assistance and any other benefits for which you may be eligible.

F. Patient/Client Responsibilities

In order to help your provider give you and other clients the care to which you are entitled, you also have the responsibility to:

1. Participate in the development and implementation of your individual treatment or service plan to the extent that you are able.
2. Provide your providers, to the best of your knowledge, accurate and complete information about your current and past health and illness, medications and other treatment and services you are receiving, since all of these may affect your care. Communicate promptly in the future any changes or new developments.
3. Communicate to your provider whenever you do not understand and information you are given.
4. Follow the treatment plan you have agreed to and/or accepting the consequences of failing the recommended course of treatment or of using other treatments.
5. Keep your appointments and commitments at this agency or inform the agency promptly if you cannot do so.
6. Keep your provider or main contact informed about how to reach you confidentially by phone, mail, or other means.
7. Follow the agency's rules and regulations concerning patient/client care and conduct.
8. Be considerate of your providers and fellow clients/patients and treat them with the respect you yourself expect.
9. The use of profanity or abusive or hostile language; threats, violence or intimidation; carrying weapons of any sort; theft or vandalism; intoxication or use of illegal drugs; sexual harassment and misconduct is strictly prohibited.
10. Maintain the confidentiality of everyone else receiving care or services at the agency by never mentioning to anyone who you see here or casually speaking to other clients not already know to you if you see them elsewhere.

For More Help or Information

Your first step in getting more information or resolving any complaints or grievances should be to speak with your provider or a designated client services representative or patient or treatment advocate at the agency. If this does not resolve any problem in a reasonable time span, or if serious concerns or issues that arise that you feel you need to speak about with someone outside the agency, you may call the number below for confidential, independent information and assistance.

TELEPHONE #